

FILED SEP 8 1943

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

29148

Do not use this space.

## 1. PLACE OF DEATH

(a) County Boon Registration District No. 298  
(b) Township Boon Primary Registration District No. 6024 Registered No. 18  
(c) City Boon Mo. (d) Street No. 1 St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yr. mos. da. (f) How long in U. S., if of foreign birth? yr. mos. da.

## 2. PRINT FULL NAME

(a) Residence, No. Sarah Ellen Bush St.   
Boon Mo. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

6A. IF MARRIED, WIDOWED, OR DIVORCED  
REASON OF  
(OR) WIFE OF Charles L. Bush

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19, 1859

7. AGE YEARS 84 MONTHS 1 DAYS 28 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Homemaker  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia13. NAME Thomas Bush14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia15. MAIDEN NAME Bessie Haulis16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia17. INFORMANT (ADDRESS) Walter Bush  
Lawson Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Marion DATE 8-19 194319. FUNERAL DIRECTOR (NAME) (ADDRESS) J. W. Messer  
Lawson Mo.20. FILED 8-18 1943 W. H. Black  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 17<sup>th</sup> 194322. I HEREBY CERTIFY, That I attended deceased from Aug. 14<sup>th</sup> 1943, to Aug. 17<sup>th</sup> 1943I last saw him alive on Aug. 16<sup>th</sup> 1943 Death is saidto have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

MyocarditisOther contributory causes of importance: 93KName of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....24. Was disease or injury in any way related to occupation of deceased? No.If so, specify Edgar Shouse M. D.(Signed) Edgar Shouse  
(Address) Lawson, Mo.

RECEIVED

Doc. No. File No. 41

No. Number

Date filed

9-7-43

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*James A. Mober*

Licensed Embalmer No. 3296

P. O. Address Excelsior Spgs. Minn.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**