No. 2
1—2-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34328

State File No.

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 348

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 102 Ravine St.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 24 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

(c) City or town 10 Mi. S. W. of Fulton
(If outside city or town limits, write "RURAL")

(d) Street No. R. F. D. # 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME GEORGE ELMER HUSH

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 13 (Day) 1877 (Year)

8. AGE: Years 66 Months 6 Days 9 If less than one day hr. min.

9. Birthplace Miltonvale (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name J. I. Hush
13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Rebecca Forman
15. Birthplace (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Walter Hush
(b) Address Emporia Kans

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/24/43 (Month) (Day) (Year)
(c) Place: burial or cremation Hillcrest Cem.

18. (a) Signature of funeral director Leo G Wallace
(b) Address Fulton, Missouri

19. (a) 10-24-1943 (Date received local registrar) (b) Josie Morsinkhof (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22 year 1943 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from Oct 19, 1943, to Oct 22, 1943 that I last saw him alive on Oct 22, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	3 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

108

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature H. J. Owen (M. D. or other)
Address Fulton Mo Date signed 10/23/43

(Licensed Embalmer's Statement on Reverse Side)

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 ..... Elbert E. White

Licensed Embalmer No. 4168

P. O. Address Fulton, Mo.

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, fact should be so stated above.