

Registration District No. 92

Primary Registration District No. K153

Registrar's No. \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Dade

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

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution lifetime (Specify whether \_\_\_\_\_)  
years, months or days

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED: 29

(a) State Mo. (b) County Dade

(c) City or town Lockwood, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George Franklin Bush

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Myrtle Roberta Bush 6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased July 31 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>70</u>	<u>4</u>	<u>12</u>	hr. _____ min.
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9. Birthplace Dade Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation none, disabled

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name J.W. Bush

13. Birthplace Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Martha Palmer

15. Birthplace Ind  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr & Mrs Jim Bush

(b) Address Lockwood, Mo.

17. (a) ~~8011~~ burial (b) Date thereof Dec. 13, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Collins

18. (a) Signature of funeral director E. Ray Caldwell

(b) Address Lockwood, Mo.

19. (a) Dec 15 1943 (b) Dominic M. Cairns  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12th  
year 1943 hour Six minute PM H.

21. I hereby certify that I attended the deceased from 12-2-1943 to 12-11-1943  
that I last saw him alive on 12-11-1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac hypertrophy

Due to Arteriosclerosis and Asthma

Due to \_\_\_\_\_

Duration

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature P. D. Combs (M. D. or other) \_\_\_\_\_

Address Lockwood, Mo. Date signed 12-18-43

RECEIVED

District Health Officer No. 6,

District File Number 144-24

Date Filed 1-6-44

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

Licensed Embalmer No. 3380

P. O. Address Lockwood 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.