

S. No. 2  
M-2-43  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 9 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4161

State File No. \_\_\_\_\_

Registration District No. 316

Primary Registration District No. 3061

Registrar's No. 92

94  
0  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH  
(a) County St. Francois Co Mo  
(b) City or town Esther Mo  
(c) Name of hospital or institution St. Francis Hosp  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County St. Francois  
(c) City or town Esther Mo  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James Earl Dush  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 7 year 1944 hour 9 minute PM  
21. I hereby certify that I attended the deceased from 1-5-44 to 1-7-44  
that I last seen alive on 1-4-44 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced 1  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

Immediate cause of death Pneumonia  
Influenza  
Duration \_\_\_\_\_

7. Birth date of deceased June 26 25 1943  
(Month) (Day) (Year)  
8. AGE: Years \_\_\_\_\_ Months 12 If less than one day \_\_\_\_\_  
6 hr. 4 PM

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

9. Birthplace Esther Mo (City, town, or county) (State or foreign country)  
10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_

Major findings: Of operations 33a  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

12. Name George Dush Ind  
13. Birthplace Esther Mo (City, town, or county) (State or foreign country)  
14. Maiden name Esther Doves  
15. Birthplace Esther Mo (City, town, or county) (State or foreign country)

16. (a) Informant Geo Dush  
(b) Address Esther Mo

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof 1-9-44  
(c) Signature of funeral director Sparks  
(d) Address Esther Mo  
19. (a) Jan 10 1944 (b) Byrdie Bukmaster  
(Date received local registrar) (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury 1  
23. Signature Flatt (M. D. or other) \_\_\_\_\_  
Address Esther Mo Date signed 1-10-44

FEB 2 1944

RECEIVED

District Health Officer No. 4  
District File Number 244-3292  
Date Filed 2-5-44

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

*Everett Sparks*

Licensed Embalmer No. 4287

P. O. Address Flat River

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.

STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Missouri )  
County of St. Francois )  
SS.

State File No. 4161

**AFFIDAVIT FOR CORRECTION OF A RECORD**

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

On this 24th day of February, 1944, before me appears \_\_\_\_\_

George Benjamin Dush, who, upon his oath, states that the original record of <sup>birth</sup> death  
for James Earl Dush, <sup>died</sup> January 7, 1944, in the State of  
<sup>born</sup> Missouri, and which was filed at Flat River on Jan. 10, 1944, should be corrected as follows:

Item No. 7 should read June 25 1943

Instead of \_\_\_\_\_ June 26 1943

Item No. 8 should read 6 mos. 12 days 9 P.M.

Instead of \_\_\_\_\_ 6 mos. 11 days 9 P.M.

Item No. 13 should read Paxton, Indiana

Instead of \_\_\_\_\_ Flat River, Mo.

Item No. 15 should read Mine La Motte, Mo.,

Instead of \_\_\_\_\_ Flat River, Mo.

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant George B. Dush Father  
Relationship.

305 Houser St., Flat River, Mo.

Present Address.

Subscribed and sworn to before me this 24 day of February, 1944

My Commission expires March 12 - 1946 Byrdie B. Bukmester Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

FEB 2 8 1941

4161