

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

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29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10961

FILED APR 10 1944

State File No. _____

Registration District No. 128

Primary Registration District No. 5466

Registrar's No. 260

1. PLACE OF BIRTH:

(a) County Greene
(b) City or town Springfield Rural, S. Campbell
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Osark Osteopathic Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community One day
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL") 6
(d) Street No. 2307 N. Park
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Wilburn James Bussard

3. (b) If veteran, name war unk. 3. (c) Social Security No. 483-18-5239

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Weldarene, wife 6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased February 1, 1914
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
30 1 18 hr. _____ min.

9. Birthplace Christian Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Presser

11. Industry or business laundry

12. Name J.H. Bussard

13. Birthplace Greene Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Wina Phillips

15. Birthplace Greene Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant J.H. Bussard

(b) Address Rt. 1, Nixa, Mo.

17. (a) Burial (b) Date thereof May 20 '44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Patterson Cem.

18. (a) Signature of funeral director J.W. Maples

(b) Address Claver mo

19. (a) 3-19-44 (b) W. W. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1944 hour 3:30 A.M. minute _____ M.
21. I hereby certify that I attended the deceased from May 16, 1944 to May 19, 1944
that I last saw him alive on May 18, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute general peritonitis shock.
Due to Perforated peptic ulcer
Due to _____

Duration
36 hrs.
2 days

Other conditions: 11/2al
(Include pregnancy within 3 months of death)

Major findings: No operations
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? _____

23. Signature Chas. W. Handley (M. D. or other) MD
While at work? _____ (Specify type of place) (e) Means of injury _____
Address 321-322 Woodruff Bldg. Date signed 3-11-44
Spf. mo

984

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.....

J.W. Maples

Licensed Embalmer No.....

2985

P. O. Address.....

Cleaver mo

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

If this body is not embalmed, fact should be so stated above.