

FILED JUN 9 1944
Registration District No. _____

Primary Registration District No. **5013**

1. PLACE OF DEATH:

(a) County **Andrew**
(b) City or town **JACKSON TOWNSHIP**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **79 yrs.** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Andrew**
(c) City or town **Jackson Township**
(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

Rebecca Katharine Bush

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

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**
6. (b) Name of husband or wife **James W Bush** 6. (c) Age of husband or wife if alive **78** years
7. Birth date of deceased **JAN 16 1865**
(Month) (Day) (Year)

8. AGE: Years **79** Months **3** Days **19** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER
12. Name **Lawson Sipes**
13. Birthplace **no record** **no record**
(City, town, or county) (State or foreign country)
14. Maiden name **un known**
15. Birthplace **un known**
(City, town, or county) (State or foreign country)

16. (a) Informant **James W. Bush**
(b) Address **Fillmore mo**

17. (a) _____ (b) Date thereof **5-8-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Fillmore**

18. (a) Signature of funeral director **E. C. Breit**

(b) Address **Savannah mo**

19. (a) **5-8-44** (b) **J. H. Fitchman**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **5**
year **1944** hour **9** minute **45 P.** M.

21. I hereby certify that I attended the deceased from **Jan 1943**
_____ 19____ to **May 5 1944**
that I last saw her alive on **May 5 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Sclerosis of liver** Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **124 P1**

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 **J. C. Hooker** (M. D. or other) _____

Address **Savannah mo** Date signed **5/6/44**

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

3-2
-43
-39
C37823

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 E. C. Breit
Licensed Embalmer No. 2650
P. O. Address Sacramento

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.