

FILED FEB 10 1945

Registration District No. 273

Primary Registration District No. 5917

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

Registrar's No. 2

1. PLACE OF DEATH  
(a) County Perry  
(b) City or town Amual (Central Township)  
(c) Name of hospital or institution: R.S.D. #4  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Perry  
(c) City or town Amual  
(d) Street No. R.S.D. #4  
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Harry Osborn Bush  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. 489-12-3557

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 1 year 1945 hour 2 minute \_\_\_\_\_ P. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband as wife Gladys Mrs. Cord 6. (c) Age of husband or wife if alive 43 years  
7. Birth date of deceased August 18, 1883

21. I hereby certify that I attended the deceased from 1930 to Jan 1, 1945  
that I last saw him alive on Jan 1, 1945 and that death occurred on the date and hour stated above.

8. AGE: Years 61 Months 4 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: Coronary thrombosis  
Duration 3 1/2 hrs

9. Birthplace Bellevue Illinois  
10. Usual occupation Insurance Agent

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

11. Industry or business \_\_\_\_\_  
12. Name George D. Bush  
13. Birthplace New York  
14. Maiden name Mary Lee  
15. Birthplace Illinois

Major findings: 94A  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Gladys Bush  
(b) Address Perryville, Mo. R.S.D. #4  
17. (a) Burial (b) Date thereof 1-3-1945  
(c) Place: burial or cremation Home Cemetery

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of funeral director Ben J. J. J. J.  
(b) Address Perryville, Mo.  
19. (a) 1-3-1945 (Date received local registrar)  
(b) Signature of Registrar J. J. J.

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature W. H. Bailey (M. D. or \_\_\_\_\_)  
Address Perryville Date signed 1-2-45

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

9  
0  
0

RECEIVED

District Health Office No. 4

245-243

2-9-45

**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..... *Albert Bey*  
Licensed Embalmer No..... *3866*  
P.O. Address..... *Perryville, 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.**