

FILED JUN 25 1945  
Registration District No. 149

Primary Registration District No. 1001

Registrar's No. 2388

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution 2410 Spruce !  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 1 mo. 11 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson

(c) City or town J.C. 48  
(If outside city or town limits, write "RURAL")

(d) Street No. 2410 Spruce 3  
(If rural, give location) 8

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Linda Alma Bush

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 1  
year 1945 hour 9:10 minute a M.

21. I hereby certify that I attended the deceased from Carson 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

4. Sex Fe 5. Color or race wh 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: April - 19 - 45  
(Month) (Day) (Year)

Immediate cause of death suffocation

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

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

Other conditions (Include pregnancy within 3 months of death) 1 8 2 10

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

1 12 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Duration \_\_\_\_\_

Physician \_\_\_\_\_

9. Birthplace J.C. MO (City, town, or county) (State or foreign country)

10. Usual occupation infant

Major findings: Of operations \_\_\_\_\_

Of autopsy no post history & inspection

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

12. Name Almer Bush

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

14. Maiden name Marathy Cahen

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accidental

(b) Date of occurrence 6-1-45

(c) Where did injury occur? 2410 Spruce J.C. Jackson MO  
(City or town) (County) (State)

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

16. (a) Informant Marathy Bush

(b) Address 2410 Spruce

17. (a) burial (b) Date thereof 6-4-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn J.C. MO

18. (a) Signature of funeral director J.S. Walton

(b) Address J.C. MO

19. (a) 6-4-45 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

While at work? no (Specify type of place) Face down

(e) Means of injury in bed

23. Signature Jimmie Walker 3 (M. D. or other) Carson

Address 1424 Poplar St Date signed 6-3-45

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

18  
3  
8

MOTHER FATHER

**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 F. S. Walton

Licensed Embalmer No. 2744

P. O. Address K.C.

**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.**