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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13063

FILED MAY 6 1946  
Registration District No. 199

Primary Registration District No. 1002

State File No.

Registrar's No. 1883

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 mo. 11 days  
(Specify whether  
In this community 45 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 118 1/2 Independence 8  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME

Jerry Bush

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive 2 years (Day) (Year)

7. Birth date of deceased Apr. 18 1857  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
89 85 0 18 hr. min.

9. Birthplace Missouri U  
(City, town, or county) (State or foreign country)

10. Usual occupation Pensioner

11. Industry or business

12. Name Pleasant Bush  
13. Birthplace Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Carrie Houston  
15. Birthplace Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk  
(b) Address K.C. General Hosp. #1

17. (a) Removal (b) Date thereof 4-29-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill N.C.K.

18. (a) Signature of funeral director Weillert Funeral Home  
(b) Address K.C. Mo.

19. (a) 4-23-46 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20  
year 1946 hour 6 minute 58 A. M.

21. I hereby certify that I attended the deceased from March 9, 1946 to April 20, 1946  
that I last saw him alive on April 20, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebro Vascular Accident

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations g30

Of autopsy

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 U

23. Signature Wm W. Hart (M. D. or other) MD  
Address Med. Dir. Gen'l Hosp. Date signed 4-20-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

11963

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**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..... *Blaine E. Walcott*.....  
Licensed Embalmer No..... *4075*.....  
P. O. Address..... *K.C. 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.**