

FILED JUN 10 1946

STANDARD CERTIFICATE OF DEATH

State File No. **15872**
Registrar's No. **175**

Registration District No. **43**

Primary Registration District No. **3007**

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town Poplar Bluff, Mo.
(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 Thomas Jefferson Bush

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, ~~married~~
6. (b) Name of husband or wife Elizabeth Bush 6. (c) Age of husband or wife if alive deceased
7. Birth date of deceased Dec. 29 1862
(Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 23 If less than one day hr. _____ min. _____

9. Birthplace Hamilton Co. Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name William H. Bush
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mary E. Green
(b) Address Steelville, Mo.

17. (a) Burial (b) Date thereof 5-24-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Winsey, Mo.

18. (a) Signature of funeral director W. D. Deby
(b) Address Capling, Mo.

19. (a) 6/3/46 (b) W. D. Deby
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1946 hour 7 minute 20 P.M.
21. I hereby certify that I attended the deceased from 7 days, 1946, to May 22, 1946
that I last saw him alive on May 19, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchectasis and Bronchopneumonia - 1 week
Duration

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 107
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 W. D. Deby (M.D. or other) _____
Address 321 Red Poplar Bluff Mo Date signed 2 May

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

RECEIVED

District Health Office No. 2

District File Number 646-714

Date Filed 6-6-46

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 Valued Johnson

Licensed Embalmer No. 686 + 4291

P. O. Address Quincy, Ill.

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.