S. No. 2
M—5-43
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

State File No. 23524

FILED AUG 14 1946

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3329

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

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 Neurological 2625 W. Pasco. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days. 0 (Specify whether
In this community 88 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Harrison 40
(c) City or town Ridgeway (If outside city or town limits, write "RURAL")
(d) Street No. 1 (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME CHRISTOPHER S BUSH.
3. (b) If veteran, name war No.
3. (c) Social Security No. 4 F 6053748
4. Sex Male 0
5. Color or race WHITE
6. (a) Single, widowed, married, divorced 2 Widowed
6. (b) Name of husband or wife Viola Van Hoozer, Bush
6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased August (Month) 24 (Day) 1873 (Year)

8. AGE: Years 72 Months 10 Days 29 If less than one day hr. min.

9. Birthplace Brooklyn, Harrison, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Lumberman
11. Industry or business Lumber Yard
FATHER
12. Name Elkana Bush
13. Birthplace Boston Co. (City, town, or county) K.Y. (State or foreign country) 1
MOTHER
14. Maiden name Mary May
15. Birthplace Unknown (City, town, or county) K.Y. (State or foreign country) 1
16. (a) Informant FREDERICK D. BUSH.
(b) Address 3543rd AA.F.-M.T.C.- San Antonio, Texas
17. (a) Burial (Burial, cremation, removal) (b) Date thereof 7-26-46 (Month) (Day) (Year)
(c) Place: burial or cremation Blythedale Cemetary
18. (a) Signature of funeral director R R Boggess
(b) Address Ridgeway Mo
19. (a) 8-2-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23 year 1946 hour 8 55 minute P M.
21. I hereby certify that I attended the deceased from 7-15-46, 19 , to 7-23, 1946 that I last saw him alive on July 23, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Encephalomalacia — Duration 2 or more months
Due to Cerebral arteriosclerosis — ?
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 83c
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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Wilbur Robinson (M. D. or other)
Address 2625 W. Pasco Kansas City Mo. Date signed 7-24-46

(Licensed Embalmer's Statement on Reverse Side)

JUL 19 1951

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 Raymond N Murton

Licensed Embalmer No. 4150

P. O. Address Jordan Me.

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.