

FILED APR 17 1947

Registration District No. 73

Primary Registration District No. 3614

Registrar's No. 27

1. PLACE OF DEATH

(a) County Shaw  
(b) City or town Liberty  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
501 N. Gallatin St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 32 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Shaw 24  
(c) City or town Liberty 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 501 N. Gallatin 1  
(If several, give location) 0  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Otto M. Bush

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

4. Sex male 5. Color or race Wh 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Betty Bush 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Feb 22 1878  
(Month) (Day) (Year)

8. AGE: Years 69 Months 1 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Keamey Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

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

12. Name James T. Bush  
13. Birthplace Keamey Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Madeline James  
15. Birthplace Keamey Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Bush  
(b) Address 501 N. Gallatin

17. (a) Burial (b) Date thereof 3/27/47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Liberty Mo.

18. (a) Signature of funeral director John P. Farber  
(b) Address 111 N. Water St.

19. (a) March 27, 1947 (b) Minnie Haynes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month mar day 25  
year 1947 hour 5 minute 30 P. M.  
21. I hereby certify that I attended the deceased from march  
1946, to march 25, 1947;  
that I last saw h. i. m. alive on march 23, 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 3 days  
Due to Hypertension 5 yrs  
Due to Arteriosclerosis 15 yrs

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

Major findings: Of operations g3p  
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? 0

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature: A. P. Schumacher (M. D. or other) M. D.  
Address Liberty Mo. Date signed 3-26-47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 4-15-47

FEB 2 1954

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 \_\_\_\_\_

John P. Fenberg, Registered Apprentice No. H-00  
working under my personal supervision.

Signed Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty Ave

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.