S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 4 1948

Registration District No. 33

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11741

Primary Registration District No. 3010

Registrar's No. 141

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Francis Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau 16

(c) City or town Cape Girardeau 0
(If outside city or town limits, write "RURAL")

(d) Street No. Cape R.F.D. #2 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Thomas Edward Bushree

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced W 0

6. (b) Name of husband or wife May Abernathy

6. (c) Age of husband or wife if alive years 0

7. Birth date of deceased Unknown (Month) (Day) 1881 (Year)

8. AGE: Years 67 | Months | Days | If less than one day hr. min.

9. Birthplace St. Marys' Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Bill Bushree
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Beckett
15. Birthplace Unknown 0
(City, town, or county) (State or foreign country)

16. (a) Informant FRANK BUSHER
(b) Address 329 William St. Cape Gir. Mo.

17. (a) Burial (b) Date thereof 4/24/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fairmont Cemetery

18. (a) Signature of funeral director L.L. Haman
(b) Address Cape Girardeau Missouri

19. (a) 4-30-48 (b) G. G. Summers
(Date received local registrar) (Registrar's signature) 1141

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month April day 24th
year 1948 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from april 15, 1948, to april 24, 1948
that I last saw him alive on april 23, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	1 Hour
Due to: Coronary arteriosclerosis	5 years
Due to: arteriosclerosis generalized	10 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 Edward D Campbell (M. D. or other)
Address Cape Girardeau Mo Date signed 4-26-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 548-570

Date Filed 5-3-48

APR 12 1961

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 William Lee Jones

Licensed Embalmer No. 4410

P. O. Address Cape Girardeau, 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.