

Registration District No. 264

Primary Registration District No. 4395

1. PLACE OF DEATH:

(a) County Ozark  
(b) City or town Gainsville, Mo.  
(c) Name of hospital or institution None  
(d) Length of stay: In hospital or institution Life time  
In this community Life time

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ozark  
(c) City or town Gainsville  
(d) Street No. 0  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Prentice F. Bushong

3. (b) If veteran, name war No 3. (c) Social Security No. 0

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

6. (b) Name of husband or wife Mary M. Luna 6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased Mar. 24 1878

8. AGE: Years 70 Months 5 Days 10 If less than one day hr. min.

9. Birthplace Sycamore, Ozark Co., Missouri

10. Usual occupation Doctor - M.D.

11. Industry or business

12. Name David Bushong  
13. Birthplace Kentucky  
14. Maiden name Victoria Amyx  
15. Birthplace Kentucky

16. (a) Informant Mrs. Mary Bushong  
(b) Address Gainsville, Missouri

17. (a) BURIAL (b) Date thereof 9-7-48

(c) Place: burial or cremation Smith Chapel

18. (a) Signature of funeral director Russell Barber

(b) Address 11th. Mo. Missour

19. (a) 9-10-48 (b) William Cooper

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4 year 1948 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov. 30 to Sept 4 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 9 hrs

Due to arterial hypertension 15 yr

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations g 30 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?  
(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 g

23. Signature M. J. Noerman (Dr. or other) g Address Gainsville, Mo Date signed 9/9/48

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

700

RECEIVED  
District Health Officer No. 6,  
District File Number 948-1053  
Date Filed SEP 13 1948

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 *Russell Barber*

Licensed Embalmer No. *3848*

P. O. Address *Mtn. Grove, Md.*

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.