

FILED JAN 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 1479
89
Registrar's No. 89

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		Registrar's No. 89				
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. LENGTH OF STAY (in this place) 45 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence						
d. FULL NAME OF HOSPITAL OR INSTITUTION (Home) 143 East Farmer				d. STREET ADDRESS (If rural, give location) 143 E. Farmer						
3. NAME OF DECEASED (Type or Print) Anna Berta Bush			a. (First)		b. (Middle)		c. (Last)			
4. DATE OF DEATH January 12, 1949		5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH January 25, 1893		
						9. AGE (In years last birthday) 55		10. IF UNDER 1 YEAR Months 11 Days 18		
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maid		11b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Glassgow, Missouri			12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Alfonso Jacobs			13b. MOTHER'S MAIDEN NAME Mary			14. NAME OF HUSBAND OR WIFE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Estella Jacobs				ADDRESS 1810 N. McCoy	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia						INTERVAL BETWEEN ONSET AND DEATH 10 days		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of uterus B metastases to liver.						18 mo.		
		DUE TO (c) CARCINOMA of uterus						2 Yrs.		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 174						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP); (COUNTY); (STATE)						
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR						
22. I hereby certify that I attended the deceased from Oct 27, 1948, to Jan 12, 1949, that I last saw the deceased alive on Jan 12, 1949, and that death occurred at 6:00 p.m., from the causes and of the date stated above.										
23a. SIGNATURE (Degree or title) Donald L. Ferguson MD				23b. ADDRESS 1214 Vine St., MO			23c. DATE SIGNED 1-14-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/17/49		24c. NAME OF CEMETERY OR CREMATORY Woodlawn		24d. LOCATION (City, town, or county) Independence, Missouri				
DATE REC'D BY LOCAL REG. 1-17-49		REGISTRAR'S SIGNATURE [Signature] 354			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] 1729 Lydia					

(Licensed Embalmer's Statement on Reverse Side)

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

1078

EMERALD

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Jerome Manlove.....

Licensed Embalmer No. 2994.....

P. O. Address 2583 Highland.....

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.