

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41386

State File No. ....

FILED JAN 5 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 401

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Independence</u> )		c. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u>	
c. LENGTH OF STAY (In this place) <u>6 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>2021 Harvard</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2021 Harvard</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JAMES</u>	b. (Middle) <u>HERBERT.</u>	c. (Last) <u>BUSH</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>Ded. 29, 1949</u>
--	-------------------------	-----------------------------	-----------------------	--	----------------------

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 17, 1886</u>	9. AGE (In years last birthday)	<u>63</u>	10 UNDER 1 YEAR Months   Days   Hours   Min.	<u>7   12</u>
-----------------------	----------------------------------	--	---	---------------------------------	-----------	---	---------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Murray Elect. Co.</u>	11. BIRTHPLACE (State or foreign country) <u>New York State</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	---	--	--

13a. FATHER'S NAME <u>Lewis Bush</u>	13b. MOTHER'S MAIDEN NAME <u>Julia Ann Bennett</u>	14. NAME OF HUSBAND OR WIFE <u>Ella F. Bush</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>495-03-2930</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ella F. Bush</u>	ADDRESS <u>2021 Harvard.</u>
--	---	--	---------------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>151X</u>

19a. DATE OF OPERATION <u>Sept 27, 1949</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of stomach with abdominal metastases</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
--	---	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>HOMICIDE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Independence, Mo</u>
---	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 Sept 3, 1949 to Dec 29, 1949, that I last saw the deceased alive on Dec 29, 1949, and that death occurred at 7:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Harsed V Woods M.D.</u>	(Degree or title)	23b. ADDRESS <u>Independ. Mo</u>	23c. DATE SIGNED <u>12/30/49</u>
--	-------------------	-------------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 31, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hill Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Jackson County Mo</u>
--	----------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>Dec. 30-1949</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Indep. Mo.</u>
---	---	--	------------------------------

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—4-4

JAN 3 1950

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

*Marion Steer*

Licensed Embalmer No. \_\_\_\_\_

3156

P. O. Address \_\_\_\_\_

Indep. 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.