DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUN 10 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18021

State File No.

Registration District No. 104 Primary Registration District No. 3008 Registrar's No. 135

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution: Callaway Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 58 Days (Specify whether years, months or days)

In this community 16 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. Rural (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Henry Brown Bush 2 [illegible]

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 2/24/1924 (Month) (Day) (Year)

8. AGE: Years 16 Months 2 Days 17 If less than one day hr. min.

9. Birthplace Callaway (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Student

11. Industry or business

FATHER
12. Name H. Brown Bush
13. Birthplace Callaway (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Katharine Moore
15. Birthplace Callaway (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature H. Brown Bush

(b) Address NewBloomfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/1940 (Month) (Day) (Year)

(c) Place: burial or cremation NewBloomfield, Mo.

18. (a) Signature of funeral director Ray A. Holt 16

(b) Address NewBloomfield, Mo.

19. (a) May 12/40 (Date received local registrar) (b) R. N. Crews (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1940 hour 2 minute 20 PM.

21. I hereby certify that I attended the deceased from ~~xxx~~ 3/25/40. t ~~5/11/40~~ 19 to 5/11/40. 19 ; that I last saw him alive on 5/11/40 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Sepsisemia General caused by ruptured appendix, operated some time after rupture. followed by ruptured intestine, and abcess.

Due to

Due to 121

Other conditions Empyema, Rt. drainage. (Include pregnancy within 3 months of death)

Major findings: Of operations Ruptured appendix belly full of fluid; milky, green.

Of autopsy Ruptured intestine, abcess, inguinal. collapsed lung Rt.

Duration

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

23. Signature Greene C. McCall (M. D. or other)

Address Fulton Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 1 X19311

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~~ Ray A. Holt, Registered Apprentice No. ....., working under my personal supervision.

Signed Ray A. Holt

Licensed Embalmer No. 2605

P. O. Address New Bloomfield (

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, above space should be left blank.