

No. 2
4-13-40
5-17-50
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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34457

State File No. _____

Registration District No. 200

Primary Registration District No. 1002

Registrar's No. 3973

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 1820 East 22nd St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In-hospital or institution
Specify whether

In this community Twenty years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1820 E-22nd Street
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 14th
year 1940 hour 1:30 minute 15 P. M.

21. I hereby certify that I attended the deceased from 10-15-40
Aug. 40 to 10/17/40
that I last saw her alive on 10/17/40 19____
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Gertrude Ferrel Bush

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

4. Sex Female 5. Color or race Caucasian

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

(b) Name of husband or wife Ernest Bush 6. (c) Age of husband or wife if alive 52 years
18 (Day) 1887 (Year)

7. Birth date of deceased: 5 (Month) 18 (Day) 1887 (Year)

Immediate cause of death Heart Disease (Coronary Arteriosclerosis)

Due to Rheumatic Disease in childhood, hypertension

Due to Focal infection etc.

Other conditions 920
(Include pregnancy within 3 months of death)

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE: Years 53 Months 4 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Housewife

12. Name William Wheeler

13. Birthplace Brunswick Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Salisbury

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest Bush

(b) Address 1820 E-22nd St.

17. (a) Burial (b) Date thereof 10-19-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director W. B. Moore

(b) Address 1820 E-22nd Street

19. (a) Oct. 10, -40 (b) M. M. Browe
(Date received local registrar) (Registrar's signature)

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature Edward Heller (M. D. or other) _____

Address 10. 2nd Street Date signed 10/17/40

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

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 me
A. B. Moore, Registered Apprentice No. _____
working under my personal supervision.

Signed

A. B. Moore

Licensed Embalmer No. 2440

P. O. Address 1820 East 18th

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.

NOV 12 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 3973

Registration District No. _____ Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1820 E. 22nd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Gertrude J. Bush

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one year _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER { 12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) _____ (Day) _____ (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

20. DATE OF DEATH: Month Oct day 14 year 1948 hour _____ (minutes) 20 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Swind Jeff City

Due to 10-17-48

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: _____ Of operations _____

Of autopsy _____

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) _____ (e) Means of injury _____

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

SUPPLEMENTARY

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

5.34457