

Registration District No. 796

Primary Registration District No. 3038

1. PLACE OF DEATH:

(a) County Saline Co.  
(b) City or town Marshall, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
525 East Bea St.  
(If not in hospital or institution, write street number of location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 20 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline  
(c) City or town Marshall, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 525 E. Bea St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME FRANK E. Bush  
3. (b) If veteran, name war L  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 16th  
year 1941 hour 9:00 minute A. M.

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Ethel Gorton  
6. (c) Age of husband or wife if alive 61 years  
7. Birth date of deceased Feb 11 1869  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1935 to March 16, 1941,  
that I last saw him alive on March 16, 1941,  
and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 1 Days 5  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Coronary thrombosis

9. Birthplace Champaign, Ill.  
(City, town, or county) (State or foreign country)  
10. Usual occupation Lumberman

Due to arteriosclerosis  
hypertension  
hypocardia  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name John O. Bush  
13. Birthplace Unknown Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Matilda Smith  
15. Birthplace Henry Co. Illinois  
(City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Dorothy Bush  
(b) Address 525 East Bea St. Marshall, Mo.  
17. (a) Burial (b) Date thereof 3/18/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

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? \_\_\_\_\_

(c) Place: burial or cremation Princeton, Ill.  
18. (a) Signature of funeral director J. Leslie Sussman  
(b) Address Marshall, Mo.  
19. (a) 3-17-1941 (b) Mary Kent  
(Date received local registrar) (Registrar's signature)

(Specify type of place) \_\_\_\_\_  
While at work (c) Means of injury \_\_\_\_\_  
23. Signature John B Lawrence (M. D. or other) \_\_\_\_\_  
Address Marshall, Mo Date signed March 17, 41

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

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 4-11-41

**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 *J. Leslie Perry*  
Licensed Embalmer No. *3235*  
P. O. Address *Marshall, N.C.*

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.