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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED MAR 13 1943

6574

State File No.

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 94

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 217 E. 13th 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 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73 3
(c) City or town Neosho Mo 2
(If outside city or town limits, write "RURAL")
(d) Street No. 710 Locust St;
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No /

3. (a) PRINT FULL NAME Daniel Bushner

3. (b) If veteran, name war No

3. (c) Social Security No. 500-05-0015

4. Sex Male

5. Color or race 0 white

6. (a) Single, widowed, married, divorced 2 widower

6. (b) Name of husband or wife no record

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

7. Birth date of deceased Feb. 14, 1875 (Month) (Day) (Year)

8. AGE: Years 68 Months 0 Days 1 If less than one day hr. min.

9. Birthplace Penn; (City, town, or county) 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Frederick Bushner
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Phebe Boalander
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mrs Clyde Lewis
(b) Address 710 Locust, Neosho Mo;

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-19-43 (Month) (Day) (Year)
(c) Place: burial or cremation German Cem.

18. (a) Signature of funeral director Thompson Funeral Home
(b) Address Neosho Mo;

19. (a) 2-20-43 (Date received local registrar) (b) Gertrude Sudhoeller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15 year 1943 hour 6 ao minute A M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw h Did not see him alive alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to Died suddenly

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 94 b
Of autopsy

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 R. W. Webster Coroner (M. D. or other)
Address Feb 15 1943 3 Date signed Feb 15 43

1204

(Licensed Embalmer's Statement on Reverse Side)

43-2-200

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 Conley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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.