

FILED APR 14 1943

Registration District No. 42 Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County Buchanan,

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

(c) Name of hospital or institution:
2705 Mulberry Street,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 years.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan

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

(d) Street No. 2705 Mulberry
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Peter Henry Bush,

3. (b) If veteran, name war. None, 3. (c) Social Security No. None,

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

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

7. Birth date of deceased March 10th, 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

80 0 3 hr. min.

9. Birthplace Denver, Missouri, 0
(City, town, or county) (State of foreign country)

10. Usual occupation Agent,

11. Industry or business Railway Express Co.

MOTHER FATHER { 12. Name Frederick Bush,

13. Birthplace Unknown, Germany, 4
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Hampton,

15. Birthplace Denver, Missouri, 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. A. Wilson

(b) Address 2705 Mulberry Street,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/15/43
(Month) (Day) (Year)

(c) Place: burial or cremation St. Jo. Mem. Park Cem.

18. (a) Signature of funeral director Heaton Pholee Bauman Funeral

(b) Address 319 So. 10th Street, Hoias

19. (a) 3-15-43 (b) Roe Henzog
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th.
year 1943 hour 3:00 minute 45 p.m.

21. I hereby certify that I attended the deceased from Feb. 4 1943 to March 9 1943
and that I last saw him alive on March 7 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Ch. Nephritis

Due to

Due to

Other conditions: Ch. Myocarditis
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy: none

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?

While at work? (Specify type of place)

(e) Means of injury

23. Signature: Frank Vandeyan (M. D. or other)

Address: 620 2nd Ave. Date signed: 3/14/43

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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, ~~only~~.....

3/13/43.....

Registered Apprentice No.

working under my personal supervision.

Signed.....

Frank A. Bertram

Licensed Embalmer No. 1710

P. O. Address St Joseph, 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.