No. 2
-2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42981

FILED JAN 4 1944

Registration District No. 209

Primary Registration District No. 3043 571

Registrar's No. 347

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Oakwood Moran Twp

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

(c) Name of hospital or institution: /

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —

(Specify whether In this community 4 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

(c) City or town Oakwood 0

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

(d) Street No. —

(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME Charles Bussell

3. (b) If veteran, name war World War #1

3. (c) Social Security No. 526-05-8521

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Rachel Bussell

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

7. Birth date of deceased June (Month) 1 (Day) 1890 (Year)

8. AGE:

Years	Months	Days	If less than one day
53	5	17	— hr. — min.

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

10. Usual occupation Government guard

11. Industry or business Montana Power Co. Dam

FATHER
12. Name William Mack Bussell
13. Birthplace Nashville (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Janey Hubble
15. Birthplace not known (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Russell Jones

(b) Address Oakwood, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 19 1943 (Month) (Day) (Year)

(c) Place: ~~burial or cremation~~ Removal KOSHKONONG, MO

18. (a) Signature of funeral director Roy P. Schwartz

(b) Address 1000 Broadway, Hannibal Mo.

19. (a) 11-18-43 (Date received local registrar) (b) R W Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18 year 1943 hour 6 minute 45 A. M.

21. I hereby certify that I attended the deceased from Nov. 5, 1943 to Nov. 18, 1943; that I last saw him alive on Nov. 16, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Hypertensive heart disease

Due to Chronic glomerulonephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 131 P

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 E. A. Porter B.S. D.O. (M.D. or other)

Address 412 Center St. Hannibal Mo. Date signed 11-18-43

(Licensed Embalmer's Statement on Reverse Side)

JAN 6 1944

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 Roy P. Schwartz

Licensed Embalmer No. 1765

P. O. Address 1070 Bdeway, Hannibal, 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.