

Registration District No. **FILED JUL 14 1944**

Primary Registration District No. **1000**

Registrar's No. **709**

1. PLACE OF DEATH:

(a) County **Buchanan**  
(b) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**119 Francis St.**  
(If not in hospital or institution, write street number or location) **1**  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community **1 day**  
years, months or days)

3. (a) PRINT FULL NAME **LEWIS EDGAR 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 **Ida May Bush** 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 day  
**about 67** hr. min.

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

10. Usual occupation **retired farmer**

11. Industry or business \_\_\_\_\_

12. Name **Stephen Bush**

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

14. Maiden name **Sarah Noble**

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

16. (a) Informant **Lewis Bush**

(b) Address **Maysville, Mo.**

17. (a) **removal** (b) Date thereof **7/10/44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Dearborn, Mo.**

18. (a) Signature of funeral director **Newton Beble & Bowman**

(b) Address **319 South 10th**

19. (a) **7/10/44** (b) **Nelan Pickle**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan** **11**  
(c) City or town **Faucett** **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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **9th**  
year **1944** hour **4** minute **15** P. M.

21. I hereby certify that I attended the deceased from **on July 9th 1944** to \_\_\_\_\_, 19\_\_\_\_, that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Coronary Thrombosis** Duration **1 day**  
Due to **General Arteriosclerosis** **1 year**

Due to **Man died suddenly in house at 119 Francis Street without any recent serious illness or disability**

Other conditions (Include pregnancy within 3 months of death)  
Major findings:  
Of autopsy **no.** **9/4/44**  
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? (c) Means of injury \_\_\_\_\_

23. Signature **H F Mundy** (M. D. or other) **Crowner**  
Address **404 So 3d St** Date signed **7/9/44**

SEP

**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 Frank J. Brown

Licensed Embalmer No. 1710

P. O. Address St. Joseph

**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.**