

STANDARD CERTIFICATE OF DEATH

State File No. 19645

Registrar's No. 231

Registration District No. 47

Primary Registration District No. 3008

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution State Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2M - 10d
(Specify whether years, months or days)

In this community 2M 10d

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

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

(d) Street No. 1740 Brooklyn
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Phillip Bush

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1946 hour 3:30 minute P. M.

21. I hereby certify that I attended the deceased from 4-17-46
to 6-27-46

that I last saw him alive on 6-27
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race N

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

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

7. Birth date of deceased Oct. 21 1906
(Month) (Day) (Year)

Immediate cause of death Renal Parenchyma

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 30

Of operations _____

Of autopsy Gastric ulcer

8. AGE: Years 39 Months 8 Days 6
If less than one day hr. min.

9. Birthplace Dan Buren, Ark
(City, town, or county) (State or foreign country)

10. Usual occupation Kabareer

11. Industry or business _____

MOTHER FATHER { 12. Name Comodora Bush

13. Birthplace Ark.
(City, town, or county) (State or foreign country)

14. Maiden name Winnie Silla

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Hersey Bush

(b) Address 1814 Troost St., Kansas City, Mo 7-1-1946

17. (a) Kansas City, Mo 7-1-1946
(City, town, or county) (Date of registration)

(b) Date of registration _____

(c) Place: burial or cremation Yellow Mo.

18. (a) Signature of funeral director Eli Bell

(b) Address Fulton, Mo.

19. (a) 2-1-1946 (Date received local registrar)

(b) Jesse M. Mankoff (Registrar's signature)

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 J. B. Stokes (M.D. certified)

Address Fulton Mo Date 6/28/46

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

18550

4
1
2

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 7-8-46

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, ~~_____~~ _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Eli Bell _____

Licensed Embalmer No. 21307 _____

P. O. Address Fulton, 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.