No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 25 1947

STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 4214

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 47

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Southeast Mo. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)
In this community 18 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 511a Themis Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph Lee Bush
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pearl Long
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 1st (Day) 1883 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 64 | 1 | 11 | hr. min. |

9. Birthplace Near Mexico (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Night clerk at Marquette
11. Industry or business Hotel-Cape Girardeau, Mo.
MOTHER FATHER
12. Name Don't Know
13. Birthplace Don't Know (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Don't Know
15. Birthplace Don't Know (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Pearl Bush
(b) Address Cape Girardeau, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-13-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director L. L. Haman
(b) Address Cape Girardeau, Missouri
19. (a) 2-20-1947 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12th year 1947 hour 3 minute 30 A.M.
21. I hereby certify that I attended the deceased from Feb 1, 1947 to Feb 12, 1947 that I last saw h alive on Feb 11, 1947 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Cerebral Hemorrhage | 10 days |
| Due to H B.P. | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

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 Julius W. Berry (M. D. or other)
Address Cape Girardeau Date signed 2-17-47

(Licensed Embalmer's Statement on Reverse Side)

APR 2 1947

RECEIVED

District Health Officer No. 4

District File Number 247-268

Date Filed 2-24-47

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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, or by .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Howard L. Hamen

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, 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.**