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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8282

State File No. \_\_\_\_\_

FILED APR 11 1947

Registration District No. 64

Primary Registration District No. 5243

Registrar's No. 12

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

1. PLACE OF DEATH:

(a) County CHARITON

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

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

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 37 years  
years, months or days)

3. (a) PRINT FULL NAME MILO BUSH

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male

5. Color of race Black

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Mar. 3 1897  
(Month) (Day) (Year)

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

70 0 7 hr. min.

9. Birthplace Richmond Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Not Known

13. Birthplace Not Known  
(City, town, or county) (State or foreign country)

14. Maiden name Not Known

15. Birthplace Not Known  
(City, town, or county) (State or foreign country)

16. (a) Informant Grace Casin

(b) Address Forest Green Mo

17. (a) Burial (b) Date thereof Mar 13 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Green Mo

18. (a) Signature of funeral director Audley Friend

(b) Address Blasgow Mo

19. (a) 3/4/47 (b) [Signature]  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton

(c) City or town Forest Green  
(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 Mar day 10  
year 1947 hour 11 minute A M.

21. I hereby certify that I attended the deceased from January 25, 1947 to Jan 26, 1947  
that I last saw him alive on Jan 26, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Stenosis

Duration \_\_\_\_\_

Due to \_\_\_\_\_

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.

MOTHER FATHER

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? \_\_\_\_\_

(e) Means of injury 2

23. Signature J. E. Hamble (M. D. or other) MD

Address Blasgow, Mo Date signed 3/10/47

RECEIVED

District Health Officer No. 8,

District File Number .....

Date Filed 4-10-47

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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 *W. J. Piermouth*

Licensed Embalmer No. 3978

P. O. Address Glasgow 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.