

No. 2
-12-45
-17-39
X47070

FILED APR 19 1947

Registration District No. **100**

Primary Registration District No. **3-03-25601**

Registrar's No. **34**

1. PLACE OF DEATH:

(a) County **Johnson**

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

(c) Name of hospital or institution:
Rfd 1 Warrensburg
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **no** (Specify whether)

In this community **80 Yrs**
years, months or days

3. (a) PRINT FULL NAME **Oren Jackson Bush**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **no**

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Mary E Bush**

6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **May 19 1866**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	10	13	hr. min.

9. Birthplace **Johnson Co Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Andrew Jackson Bush**

13. Birthplace **Unknown Ny.**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Fuller**

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

16. (a) Informant **Mary E Bush**

(b) Address **Warrensburg Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **4-4-1947**
(Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Hill**

18. (a) Signature of funeral director **Sweeney Phillips**

(b) Address **Warrensburg Mo**

19. (a) **Apr 3, 1947** (b) **Sweeney Phillips**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Johnson**

(c) City or town **Warrensburg Rural**
(If outside city or town limits, write "RURAL")

(d) Street No. **Rfd 1 Warrensburg**
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **2**
year **1947** hour **3³⁰** minute **30³** A.M.

21. I hereby certify that I attended the deceased from **March 26**, 19**47**, to **April 2**, 19**47**, that I last saw him alive on **April 2**, 19**47**, and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** Duration **2 yrs**

Due to **Myocardium Cordis** **Chronic Myocarditis** **5 yrs**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **93P**

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?

While at work? (Specify type of place)

(e) Means of injury **0**

Signature **W. Sweeney Phillips M.D.** (M. D. or other)

Address **Warrensburg Mo** Date signed **April 4, 1947**

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

MOTHER FATHER

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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.....

J. Earl Priest

Licensed Embalmer No. 3878

P. O. Address...Warrensburg 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.