

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED FEB 7 1949
Registration District No. **199**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County JACKSON

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

(c) Name of hospital or institution: ST. MARYS HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days Specify whether

In this community 4 days years, months or days

3. (a) PRINT FULL NAME RICHARD C. BUSH

3. (b) If veteran, name war No

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 MARY BUSH

6. (c) Age of husband or wife if alive 18-58 years

7. Birth date of deceased AUG 10 18-58
(Month) (Day) (Year)

8. AGE: Years 89 Months 5 Days 16 If less than one day hr. min.

9. Birthplace UNKNOWN INDIANA
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

12. Name AUSTIN BUSH

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

14. Maiden name MIRIAM SHEELY

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

16. (a) Informant Carl Bush

(b) Address 2616 80 30th KC.

17. (a) Removal (b) Date thereof 1-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fair Play - Missouri

18. (a) Signature of funeral director [Signature]

(b) Address 1401 Brush Oak Blvd. S.C.M.O.

19. (a) 1-26-48 (b) St. Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County 84

(c) City or town Fair Play
(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 1 day 26
year 1948 hour 3 minute 550 M.

21. I hereby certify that I attended the deceased from 1/22/48
to 1/26/48 19
that I last saw h. alive on 1/26/48 19
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease Duration ?

Due to _____

Due to _____

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

Major findings: _____

Of operations [Signature]

Of autopsy No

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 9

23. Signature [Signature] (M. D. or other) _____
Address 1401 Brush Oak Blvd. S.C.M.O. Date signed 1/26/48

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.....

Robert Ray

Licensed Embalmer No.....

4182

P. O. Address.....

Excelsior Springs, 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.