

DEC 14 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

40569

Do not use this space.

1. PLACE OF DEATH

(a) County Barry Registration District No. 29
(b) Township Flaterpek Primary Registration District No. 5038 Registered No. 62
(c) City _____ (d) Street No. R. F. N. Cassville St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Polina Bush

(a) Residence, No. Barry County St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A. R. Bush

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18, 1854

7. AGE YEARS 83 MONTHS 6 DAYS 04 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

13. NAME James Flaherty

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Mary Ann Hammet

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Harry Bush
(ADDRESS) Cassville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Quaker DATE 11/23 1937

19. FUNERAL DIRECTOR W. H. Kion
(ADDRESS) Cassville, Mo.

20. FILED 11-26 1937 Geo. W. Conner
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/22/ 193722. I HEREBY CERTIFY, That I attended deceased from Jan. 14 1936 to Nov. 10 1937

I last saw her alive on Nov. 10 1937 Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary Embolus ?
930

Other contributory causes of importance: Essential Hypertension ?
Chronic Nephritis ?

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) W. H. Kion
(Address) Cassville, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, P. J. Miller, Licensed Embalmer No. 3794
hereby certify that the body recorded on the reverse side of this certificate was embalmed by ^{not} (this lady was not embalmed)
..... L. E.
No..... or by....., Registered Apprentice No:.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)