

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

2-43
7-39
X35697

Registration District No. _____

Primary Registration District No. 3016

Registrar's No. 89

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 days
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Moniteau 68

(c) City or town California
(If outside city or town limits, write "RURAL")

(d) Street No. Mo
(If rural, give location)

(e) Citizen of foreign country? Mo (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRANK Buseh

(b) If veteran, name war no

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 1
year 1948 hour 120 minute 55 P.M.

4. Sex Male (1) race White

5. Color or divorced Married

6. (b) Name of husband or wife Anna

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Feb 20 1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1/2 1948 to 2/1 1948
that I last saw her alive on 2/1 1948
and that death occurred on the date and hour stated above.

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

<u>62</u>	<u>11</u>	<u>11</u>	hr. _____ min. _____
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Immediate cause of death Lymphosarcoma

Due to _____

Due to _____

9. Birthplace unknown 7
(City, town, or county) (State or foreign country)

Other conditions W6 M
(Include pregnancy within 3 months of death)

Major findings: Petioepitonal mass
Of operations _____

Of autopsy Generalized Lymphosarcoma

10. Usual occupation Plaster

11. Industry or business _____

MOTHER FATHER { 12. Name unknown 9

13. Birthplace _____ 9
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace _____ 9
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Arthur Bunch

22. If death was due to external causes, fill in the following:

(b) Address California, Mo

(a) Accident, suicide, or homicide (specify) _____

17. (a) Burial (b) Date thereof 3-3-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence _____

(c) Place: burial or cremation California, Mo.

(c) Where did injury occur? _____
(City or town) (County) (State)

18. (a) Signature of funeral director A. E. Wilson

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

(b) Address California, Mo.

While at work? _____ (e) Means of injury _____

19. (a) 2-1-48 (b) A. P. Darrin
(Date received local registrar) (Registrar's signature)

23. Signature Luett P. Sussobahn M. D. (other) _____

Address Jefferson City, Mo. Date signed 2/1/48

Date Filed 2/16/48

District File Number _____

District Health Officer No. 9

RECEIVED

FEB 18 1948

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 A. E. Wilson

Licensed Embalmer No. 2351

P. O. Address California, Me.

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.