

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

37599  
 Do not use this space.

**NOV 17 1937**

**1. PLACE OF DEATH**

(a) County Franklin Registration District No. 294  
 (b) Township Central Primary Registration District No. 5409B  
 (c) City Saint Clair (d) Street No. 1 Registered No. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (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 Inla Ann Busse**

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

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Busse

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24, 1892

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
35 45 6 26

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 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) Saint Louis County, Mo.

FATHER 13. NAME Gussie Hilliard  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin County, Missouri.

MOTHER 15. MAIDEN NAME Lucinda Stevens  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas County, Missouri.

17. INFORMANT Henry Busse  
 (ADDRESS) Saint Clair, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Anaconda, Mo. DATE Oct. 20, 1937

19. FUNERAL DIRECTOR William Casey & Co.  
 (ADDRESS) Saint Clair, Mo.

20. FILED Oct 25, 1937 W. H. Duckworth  
 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-19-1937

22. I HEREBY CERTIFY, That I attended deceased from Oct-1-1937, to Oct-19-1937

I last saw him alive on Oct-19-1937 Death is said to have occurred on the date stated above, at 4 P. M.

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

Carcinoma of Substans  
Ho  
 Date of onset ?

Other contributory causes of importance:

Name of operation Clin Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

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? no

If so, specify Dr. H. Duckworth, M. D.  
 (Signed) \_\_\_\_\_ (Address) Dr. Duckworth

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**STATEMENT BY LICENSED EMBALMER**

I, K.M. Lenox Licensed Embalmer No. 3601

hereby certify that the body recorded on the reverse side of this certificate was embalmed by K.M. Lenox

..... L. E.

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed K.M. Lenox

Licensed Embalmer No. 3601 Missouri

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**