REC'D MAR 9 1939

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

5615
Do not use this space.

1. PLACE OF DEATH
(a) County: Jackson
(b) Township: Twp
(c) City: KC Mo
Registration District No.:
Primary Registration District No.:
Registered No.: 814
(d) Street No.: 3605 WABASH 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: 7 yrs. mos. ds. (f) How long in U. S., if of foreign birth?: yrs. mos. ds.

2. PRINT FULL NAME: MRS. Sophie Busch
(a) Residence, No.: 3605 WABASH 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: Fe
4. COLOR OR RACE: Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Hans P. Busch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 19, 1859

7. AGE: YEARS 79 ~~82~~ MONTHS 9 DAYS 4 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: farmer
9. Industry or business in which work was done, as saw mill, bank, etc.: Music Teacher
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): Randers Denmark

FATHER
13. NAME: Unk. Moeller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Denmark

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Denmark

17. INFORMANT (ADDRESS): Hans P. Busch 3605 Wabash

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt Moriah DATE: Feb 25 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): D. H. Lawson's Sons Brookside & Cosco

20. FILED: 2-24 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-23 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct-1 1938 to 2-23 1939
I last saw h. er alive on 2-23 1939. Death is said to have occurred on the date stated above, at 6:10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Exhaustion from chronic cerebral sclerosis - arteriosclerosis	Indef.
Other contributory causes of importance: Hypertension and cerebral hemorrhage	1938

Name of operation: none Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) N. E. Speer, M. D.
(Address) 3204 Coleman K.C. Mo

(Licensed Embalmer's Statement on Reverse Side)

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 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 C. Hervey Quisenbe

Licensed Embalmer No. 4070.

P. O. Address K. C. Mo

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

If this body is not embalmed, above space should be left blank.