

No. 2
11-10-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19327

JUN 14 1940
Registration District No. 235

Primary Registration District No. 3034

Registrar's No. 108

88
36
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Randolph
(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 460 E. Rollins 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Mary Ann Bussen 250
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 1st 1863
(Month) (Day) (Year)

8. AGE: Years 76 Months 11 Days 17 If less than one day _____ hr. _____ min

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

10. Usual occupation At home

11. Industry or business _____

12. Name John Paterson

18. Birthplace Kansas
(State or foreign country)

14. Maiden name Malinda McBrier

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

16. (a) Informant August Bussen
(b) Address Moberly, Mo.

17. (a) Burial (b) Date thereof May 21st-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mahan and Son
Moberly

18. (a) Signature of funeral director _____
(b) Address _____
19. (a) Mo 21-40 (b) Peck Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 460 E. Rollins
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May 12 day 18
year 1940 hour 10 minute 00 p. M.

21. I hereby certify that I attended the deceased from May 12, 1940, to May 18, 1940
that I last saw her alive on May 12, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Sudden
Due to arterio-sclerosis
Due to Hypertension 94B
Other conditions no
(Include pregnancy within 3 months of death)

Major findings: Of operations no
Of autopsy no

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Charles J. Plummer (M. D. or other) 1
Address Moberly, Mo. Date signed 5/20/40

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 6-40-115-8

Date Filed JUN 10 1940

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 Frank S. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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, above space should be left blank.