

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 612

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: 2101 S. 14th.
(d) Length of stay: In hospital or institution 45 YEARS
In this community 45 YEARS

8. (a) PRINT FULL NAME Josephine Bussjaeger

8. (b) If veteran, name war NONE 8. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race Wht. 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife CHARLES BUSSJAEGER 6. (c) Age of husband or wife if alive 67 1/2 years

7. Birth date of deceased JAN. 6th. 1865

8. AGE: Years 75 Months 4 Days 25 If less than one day hr. min.

9. Birthplace UNKNOWN Austria

10. Usual occupation HOUSE WORK

11. Industry or business Home

MOTHER FATHER { 12. Name Adelbert Habert
13. Birthplace unknown Austria
14. Maiden name Switzer
15. Birthplace unknown Austria

16. (a) Informant Mrs. E. McPhail
(b) Address St. Joseph, Mo.

17. (a) Barial (b) Date thereof JUNE 4, 1940
(c) Place: burial or cremation MA. OLIVET.

18. (a) Signature of funeral director FREEMAN, J. J.
(b) Address St. Joseph, Mo.

19. (a) 6/4/40 (b) W. H. Olivet

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 2101 S. 14th.
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 1st.
year 1940 hour 1 minute 40 P. M.

21. I hereby certify that I attended the deceased from December 30, 1936, to June 1, 1940
that I last saw her alive on June 1, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to ✓
Due to ✓

Other conditions ✓
(Include pregnancy within 3 months of death)

Major findings: Of operations ✓

Of autopsy ✓

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

(a) Accident, suicide, or homicide (specify) ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓
(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 W. H. Olivet (M. D. or other) M.D.
Address St. Joseph, Mo. Date signed June 3-4

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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. G. Swan

Licensed Embalmer No. 4082

P. O. Address St Joseph

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.