

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31605

OCT 12 1940
Registration District No. 125

Primary Registration District No. 3009

Registrar's No. 301

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town _____
(c) Name of hospital or institution:
311 N. Blvd
(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 Theodore Busch
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____
4. Sex Male 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 Sept 17 1856
(Month) (Day) (Year)
8. AGE: Years 83 Months 11 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Germany (City, town, or county) (State or foreign country) Mo
10. Usual occupation Farmer
11. Industry or business _____
MOTHER { 12. Name Helen
18. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

18. (a) Informant's own signature H. M. Clayton
(b) Address Cape Girardeau Mo
17. (a) Burial (b) Date thereof Sept 7 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Salon Ch. Cemetery
18. (a) Signature of funeral director W. H. Howell
(b) Address Cape Girardeau Mo
19. (a) 9-5740 (b) J. M. Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 311 N. Blvd
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 5
year 1940 hour 6 minute 10 a. m.
21. I hereby certify that I attended the deceased from Jan 30
1929 to Sept 5 1940
that I last saw him alive on Sept 3 1940
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis Duration 2 yrs
Due to arterial sclerosis 2 yrs
Due to _____
Other conditions 92 C
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: no operations
Of operations _____
Of autopsy no autopsy
Underline the cause to which death should be charged statistically.

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? _____ (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 R. A. Ritter, M.D. (M. D. or other)
Address Cape Girardeau Mo. Date signed 9/5/40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state 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.....

Licensed Embalmer No.....

P. O. Address.....

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.