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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 21 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11128

Registration District No. 449 Primary Registration District No. 4267 Registrar's No.

1. PLACE OF DEATH:
(a) County LACLEDE
(b) City or town LEBANON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 528 N MONROE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 20 YRS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County LACLEDE 53
(c) City or town LEBANON 1 2
(If outside city or town limits, write "RURAL")
(d) Street No. 528 N MONROE
(If rural, give location)
0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME MARTHA ELIZEBETH BUSTER

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife DAVID E. BUSTER

6. (c) Age of husband or wife if alive years

7. Birth date of deceased JAN (Month) 17 (Day) 1862 (Year)

8. AGE: Years 79 Months 2 Days 8 If less than one day hr. min.

9. Birthplace WAUXHAUCHI (City, town, or county) TEX 1 (State or foreign country)

10. Usual occupation HOUSE KEEPER

11. Industry or business

FATHER
12. Name CHAS. PHIPPS.
13. Birthplace (City, town, or county) TEX 1 (State or foreign country)

MOTHER
14. Maiden name PERNECA DAVIS
15. Birthplace (City, town, or county) TENN 1 (State or foreign country)

16. (a) Informant J. A. Buster
(b) Address LEBANON MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR 27 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Hough Chapel

18. (a) Signature of funeral director PALMER'S
(b) Address LEBANON MO

19. (a) 7-27-41 (Date received local registrar) (b) J. A. McCombe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR day 25 year 1941 hour 12 minute 20 P M.

21. I hereby certify that I attended the deceased from Jan 8th, 1941, to March 25, 1941, that I last saw her alive on March 25, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myo-Cordilis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — 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? (Specify type of place)
404
While at work? (e) Means of injury

23. Signature J. L. Bangs (M. D. or other) D
Address Lebanon Mo Date signed 3/26/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 4/41/712
Date Filed 4/16/41

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 R A Palmer

Licensed Embalmer No. 1161

P. O. Address Lebanon M

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.)

If this body is not embalmed, fact should be so stated above.