No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12389

Registration District No. 891 Primary Registration District No. 6191 Registrar's No. 4

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

1. PLACE OF DEATH:
(a) County WAYNE
(b) City or town Gadshill Benton Ma
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County WAYNE
(c) City or town GADS HILL
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME KATTIE BUSTER
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 FEB (Month) 3 (Day) 1861 (Year)

8. AGE: Years 80 Months 0 Days 8 If less than one day hr. min.

9. Birthplace (City, town, or county) Ky (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)
16. (a) Informant Clemo Buster
(b) Address
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Feb 12 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Ruble Missouri
18. (a) Signature of funeral director Norman H. Gish
(b) Address Piedmont, Mo.
19. (a) 3-21-1941 (Date received local registrar) (b) T. C. Piles M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 11 year 1941 hour 2:30 minute P M.
21. I hereby certify that I attended the deceased from 2-10-, 1941, to 2-11-, 1941, that I last saw her alive on 2-10-, 1941, and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Hemorrhage
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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)
While at work? ✓ (e) Means of injury
23. Signature T. C. Piles (M. D. or other)
Address Piedmont, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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. 3387

P. O. Address.....

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

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