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

FILED MAY 15 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15098

State File No. 337

Registration District No. 514 Primary Registration District No. 5683 Registrar's No. 20

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Ludlow Monroe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 Mo (b) County Livingston 59
(c) City or town Ludlow 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mary Pearl Busby
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F 1
5. Color or race Wh
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Alonzo Busby
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Aug (Month) 9 (Day) 1877 (Year)

8. AGE:

Years	Months	Days	If less than one day
63	8	5	hr. min.

9. Birthplace Wasson (City, town, or county) Ohio 1 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Wm Nelson Balkey 1
13. Birthplace Unknown (City, town, or county) Ohio 1 (State or foreign country)
MOTHER
14. Maiden name Jerusha C Root 1
15. Birthplace Unknown (City, town, or county) Ohio 1 (State or foreign country)
16. (a) Informant Mr Alonzo Busby
(b) Address Ludlow Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 16 (Month) 1941 (Day) (Year)
(c) Place: burial or cremation Monroe Center
18. (a) Signature of funeral director Bernard F. Meal
(b) Address Braymer Mo
19. (a) 4-17-41 (Date received local registrar) (b) Lucie L Euring (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 14
year 1941 hour 6 minute 30 P. M.
21. I hereby certify that I attended the deceased from April 12, 1941, to April 14, 1941;
that I last saw her alive on April 14, 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Hemmorrhage
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration
3 days

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?
930 (Specify type of place)
While at work? (e) Means of injury
23. Signature Geo Morse (M. D. ~~or other~~) 11
Address Ludlow Mo Date signed 4-17-41

(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 Bernard L. Mead

Licensed Embalmer No. 2801

P. O. Address Braymer, Mo.

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

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