

FILED MAR 9 1942  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City, Mo.  
(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 10 Days  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town Saint Joseph Mo. 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1810 Mason (If rural, give location) 7  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 14  
year \_\_\_\_\_ hour 6:15 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Feb 8 1942 to Feb 11 1942  
that I last saw her alive on Feb 11 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Due to Coronary Occlusion  
chronic myocarditis

Due to 480

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?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature J. J. White M.D. (M. D. or other)  
Address North Van City Mo Date signed 2/14/42

3. (a) PRINT FULL NAME MARGARET BUSCH

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. NO. IVE

4. Sex FEMALE 5. Color or face WHITE 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife C. E. Busch 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Apr 10 1872  
(Month) (Day) (Year)

8. AGE: Years 69 Months 10 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Haucett Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name John Brown

13. Birthplace Illinois 1  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant C. E. Busch

(b) Address 1017 Benton R.C. Mo.

17. (a) \_\_\_\_\_ (b) Date thereof 2 17 42  
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Thompson Son Inc.

(b) Address 2714 Saint Joseph Mo  
19. (a) 2/14/42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

**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 *George E. Daniel*  
Licensed Embalmer No. *1448*  
P. O. Address *Heamon & Son Inc. South Joseph Mo.*

**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, fact should be so stated above.**