No. 2
4-13-40
5-17-39
P1-X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

30959

State File No. 30959

Registration District No. 251 | Primary Registration District No. 3048 | Registrar's No. 150

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1
2

1. PLACE OF DEATH:
(a) County: Nodaway
(b) City or town: Maryville, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: - - - - - - - 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution - - - -
In this community 16 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Nodaway 74
(c) City or town: Maryville, Missouri 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 518 So. Main
(If rural, give location)
(e) If foreign born, how long in U. S. A.? - - - - - 0 years.

3. (a) PRINT FULL NAME: Elvira Busby
3. (b) If veteran, name war: - - - - - - - -
3. (c) Social Security No.: - - - - - -
4. Sex: Female 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: 2 Widow
6. (b) Name of husband or wife: Elihu Busby
6. (c) Age of husband or wife if alive: - - - years
7. Birth date of deceased: March (Month) 1, (Day) 1868 (Year)

8. AGE:

Years	Months	Days	If less than one day
74	6	19	hr. min.

9. Birthplace: Oregon (City, town, or county) Illinois 1 (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: None
12. Name (Father): Ferdinand Shenkel
13. Birthplace (Father): (City, town, or county) Germany 4 (State or foreign country)
14. Maiden name (Mother): Eva Schardt
15. Birthplace (Mother): (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant: Esther Busby
(b) Address: Maryville, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-22-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Maryville, Missouri
18. (a) Signature of funeral director: Price Funeral Home
(b) Address: Maryville Mo
19. (a) Oct 5 1942 (Date received local registrar) (b) Mary Coile (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: 20 day: Sept year: 1942 hour: 8 minute: 30 a.m.
21. I hereby certify that I attended the deceased from December 28 1939 to Sept 20 1942 that I last saw h. alive on Sept 19 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Reticulum cell Sarcoma	
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)
While at work? (e) Means of injury

23. Signature: H. M. Hallis Jr. (M. D. or other) MD
Address: Maryville Mo Date signed: 9-22-42

1268 (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. Glenn M Price

Licensed Embalmer No. 1822

P. O. Address Maryville 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.

No. 2B
8-21-41
X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30959

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 150

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

1. PLACE OF DEATH:
(a) County: Nodaway
(b) City or town: Maryville
(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 years, months or days) In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State ____ (b) County ____
(c) City or town ____ (If outside city or town limits, write "RURAL")
(d) Street No. ____ (If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Elvira Bunley
3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: Mar (Month) 1 (Day) 1868 (Year)
8. AGE: Years 74 Months 6 Days ____ If less than one day: ____ hr. ____ min.
9. Birthplace: Ill (City, town, or county) (State or foreign country)
10. Usual occupation ____
11. Industry or business ____
MOTHER FATHER
12. Name ____
13. Birthplace ____ (City, town, or county) (State or foreign country)
14. Maiden name ____
15. Birthplace ____ (City, town, or county) (State or foreign country)
16. (a) Informant ____
(b) Address ____
17. (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (Month) (Day) (Year)
(c) Place: burial or cremation ____
18. (a) Signature of funeral director ____
(b) Address ____
19. (a) ____ (Date received local registrar) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. Day 2 year 1942 hour ____ minute ____ M.
21. I hereby certify that I attended the deceased from ____ 19____ to ____ 19____; that I last saw him alive on ____ 19____; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Reticulosis cell sarcoma	
Due to: Cervical lymphatic Glands.	
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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? ____
While at work? ____ (Specify type of place) (c) Means of injury ____
23. Signature H. M. Hallis (M. D. or other) MD
Address Maryville Mo Date signed 10-12-42

SUPPLEMENTARY

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