

FILED APR 14 1943
Registration District No. 277

Primary Registration District No. 2171

State File No. _____
Registrar's No. 76

1. PLACE OF DEATH: Callaway
(a) County Callaway
(b) City or town Rural, St. Aubert Townshp
(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 _____
In this community 12 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 14
(a) State Missouri (b) County Callaway 0
(c) City or town Mokane, Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 9 Miles South of Fulton
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? 0 years.

3. (a) PRINT FULL NAME Geneva Busker
(b) If veteran, name war _____
(c) Social Security No. NO

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 12
year 1943 hour 7 minute a.m.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Single
(b) Name of husband or wife _____
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 30 1896
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from summer of 1944 to Mar 17 1943
that I last saw her alive on March 9 1943
and that death occurred on the date and hour stated above.

8. AGE: Years 46 Months 11 Days 12
If less than one day hr. _____ min.

Immediate cause of death Arterio Sclerosis
Duration _____
Due to She had an endocrine disturbance of many years

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

Other conditions Epilepsy for many years
(Include pregnancy within 3 months of death)

10. Usual occupation Housework
11. Industry or business _____
12. Name T. B. Busker
13. Birthplace Missouri, Knox Co. 1
(City, town, or county) (State or foreign country)
14. Maiden name Evaline Bishop
15. Birthplace Illinois, Clay, Co. 1
(City, town, or county) (State or foreign country)

Major findings: Of operations JS
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Evaline Busker
(b) Address Mokane, Mo
17. (a) Burial (b) Date thereof 3/14/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hams Prairie
18. (a) Signature of funeral director Geo G Wallace
(b) Address 7 W 6th St. Fulton, MO.
19. (a) March 13-1943 (b) Joe M. _____
(Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. or _____)
Address Fulton Date signed 3/17/43

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

1400

1147

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.....

Albert E. White

Licensed Embalmer No. *4168*

P. O. Address *Hullton, 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.