

REG. AUG 6 1943  
Registration District No. 205

Primary Registration District No. 4316

1. PLACE OF DEATH:  
(a) County Mason  
(b) City or town New Cambria  
(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 34 years (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME MINNIE BUSTER  
3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 16 year 1943 hour 11 minute 50 A.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife William Franklin Buster 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: May 25 1899  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 9<sup>th</sup> 1943 to June 16<sup>th</sup> 1943 that I last saw her alive on June 16<sup>th</sup> 1943 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>0</u>	<u>22</u>	_____ hr. _____ min.

Immediate cause of death: Chronic Arteriosclerosis Duration 10 yrs

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

Due to: \_\_\_\_\_  
Due to: \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death): 59 f

10. Usual occupation: Housewife

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: NO

11. Industry or business: \_\_\_\_\_  
12. Name: James Bluford Curtis  
13. Birthplace: Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name: Mary Rice  
15. Birthplace: Randolph Missouri  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant: Ray Buster  
(b) Address: New Cambria, Mo.  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 18 1943  
(Month) (Day) (Year)  
(c) Place: burial or cremation: New Cambria Cemetery  
18. (a) Signature of funeral director: H. P. Killeland  
(b) Address: New Cambria Mo.  
19. (a) June 17, 1943 (Date received local registrar) (b) Alvina M. Killeland (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury: \_\_\_\_\_  
23. Signature: [Signature] (M. D. or other)  
Address: New Cambria Mo. Date signed: June 17 1943

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

MOTHER FATHER

PHYSICIAN  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 8-43-1240

Date Filed AUG 5 1943

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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 H. J. Gilliland

Licensed Embalmer No. 4019

P. O. Address New Cambria, 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.