

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED NOV 15 1943

Registration District No. 180

Primary Registration District No. 5673

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County Lincoln  
(b) City or town Rural, Missouri  
(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)  
In this community In This Community \_\_\_\_\_ (Specify whether)  
years, months or days 30 yrs.

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Lincoln  
(c) City or town Rural \_\_\_\_\_ (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 CHRISTIE HERMAN BUSCH  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct day 15  
year 1943 hour 5 minute 00 A. M.  
21. I hereby certify that I attended the deceased from Sept 10  
1943 to Oct 13 1943  
that I last saw him alive on Oct 14 1943  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Anna Marie Busch  
6. (c) Age of husband or wife if alive 57 years

Immediate cause of death Myocardial Infarct  
Due to Arterial Sclerosis  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

7. Birth date of deceased Sept 11 1883  
(Month) (Day) (Year)  
8. AGE: Years 60 Months 1 Days 4  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

9. Birthplace Moscow Mills Mo (City, town, or county) (State or foreign country)  
10. Usual occupation Farmer  
11. Industry or business \_\_\_\_\_  
12. Name Henry Busch Sr  
13. Birthplace Germany (City, town, or county) (State or foreign country)  
14. Maiden name Annie Holtman  
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Lena Marie Busch  
(b) Address Moscow Mills Mo  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 17, 43 (Month) (Day) (Year)  
(c) Place: burial or cremation Anderson Hill Cem  
18. (a) Signature of funeral director Wayne M & Coy  
(b) Address Troy Mo.  
19. (a) 10-16-43 (Data received local registrar) (b) Ms. Susan Dixon (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? C (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature J. J. Heurich (M. D. or other) \_\_\_\_\_  
Address Redwood Mo Date signed 10/17/43

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..... *Wayne McCoy*

License Embalmer No..... *3586*

P. O. Address..... *Jay 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.