

FILED JUN 23 1944

Registration District No. **1**

Primary Registration District No. **5462**

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

1. PLACE OF DEATH

(a) County Greene  
 (b) City or town 5 miles S.E. Pleasant Hope  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Franklin Hosp  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1  
(Specify whether  
 In this community 1  
years, months or days)

3. (a) PRINT FULL NAME Ada Elizabeth Busby  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced 2  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Oct 19 - 1887  
(Month) (Day) (Year)

8. AGE: Years 56 Months 5 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Morrisville Polk Co. Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name James Connley  
 { 13. Birthplace Polk Co Mo  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name Waddle  
 { 15. Birthplace Polk County Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Alex Steinhauer  
 (b) Address Bulwar, Mo

17. (a) Burial (b) Date thereof 3 29 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morrisville

18. (a) Signature of funeral director \_\_\_\_\_  
 (b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk **84**  
 (c) City or town Pleasant Hope **00**  
(If outside city or town limits, write "RURAL") **9**  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 27  
 year 1944 hour 8 minute 10 A.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.

Immediate cause of death Coronary occlusion Duration \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury \_\_\_\_\_  
 23. Signature J. Earl Pitts **Coroner**  
(Signature for other)  
 Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

JUN 22 1966

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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 S. B. Hutchison

Licensed Embalmer No. 1331

P. O. Address Bellevue

**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.**

July 4

Registration District No.

126

Primary Registration District No.

5463

Registrar's No.

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1. PLACE OF DEATH:

(a) County Shreve  
(b) City or town Rural Franklin Twp  
(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 2 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Ada E. Busby

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 widow

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive

7. Birth date of deceased

Oct 19 1888  
(Month) (Day) (Year)

8. AGE:

Years 56 Months 5 Days 5 (If less than one day, min.)

9. Birthplace

Marion, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

Housewife

12. Name

Jamba County, Mo.

13. Birthplace

Gold Co Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name

Waddell

15. Birthplace

Park Co Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant

Alice Steinhilber

(b) Address

Belvoir Mo.

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

3-29-44  
(Month) (Day) (Year)

(c) Place: burial or cremation

Marion, Mo.

18. (a) Signature of funeral director

Hutchison

(b) Address

Belvoir Mo.

19. (a)

July 14, 1944  
(Date received local certificate)

Mrs. Porter O'Neil  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Polk  
(c) City or town Pleasant Hope  
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4 year 1944 hour 11 minute 15 M.

21. I hereby certify that I attended the deceased from 11 to 11 1944 that I last saw him alive on July 4 and that death occurred on the date and hour stated above. Immediate cause of death coronary occlusion

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: (or 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

Signature

J. Carl Peltz  
(M. D. or other)

Date signed

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

TEMPORARY

21525