

Registration District No. 147

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2904 Olive
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 4 Years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2904 Olive
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT

FULL NAME Shirley Edward Busby

3. (b) If veteran,
name war. No

3. (c) Social Security
No. 500-14-0910

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married,
divorced. Married

6. (b) Name of husband or wife Mrs. Pearl Busby 6. (c) Age of husband or wife if
alive. 59 years

7. Birth date of deceased. 7 11 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 4 29 hr. min.

9. Birthplace Montgomery County, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Railroad

11. Industry or business Now at Pratt & Whitney's

12. Name Andrew Jasper Busby

13. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Clara Beaver
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Letha Losh

(b) Address 2904 Olive

17. (a) Burial (b) Date thereof 12-12-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address Kansas City, Missouri

19. (a) 12-11-44 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10th.
year 1944 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from Dec 1
1944 to Dec 10 44
that I last saw him alive on Dec 9 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocardial
Degeneration
Due to Chronic Nephritis
(Glomerul.)
Due to _____

Duration

5 Mo.

1 1/2 yrs

Other conditions Bronchitis Asthama 2 yrs
(Include pregnancy within 3 months of death)

Major findings:

Of operations 131 B
Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 W. H. Thompson (M. D. or other) DO
Address 3800 E 27, 15c Mo Date signed 12/10/44

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

MOTHER {
FATHER {

Dr. Wm. Thompson
3800 East 27th. 11 A.M.

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 Theron R. Redmon.....

Licensed Embalmer No. 2737.....

P. O. Address Kansas City, 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.