

FILED SEP 12 1945

Registration District No. 221

Primary Registration District No. 5-7-9-3 4331

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Moniteau

(b) City or town Jameson  
(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 63 years (Specify whether years, months or days)

In this community 63 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau

(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 America Helen Buesky

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 Married

6. (b) Name of husband or wife John C. Buesky 6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased 5-8-1882  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 4  
year 1945 hour 10 minute 10 M.

21. I hereby certify that I attended the deceased from April 14 to 8-14 1945  
that I last saw him alive on 8-10 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer

Due to: .....

Due to: .....

Other conditions (include pregnancy within 3 months of death): .....

Duration 3

PHYSICIAN

Underline the cause to which death should be charged statistically.

8. AGE: Years 63 Months 10 Days 28 hr. .... min.

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

10. Usual occupation Kept a bookkeeper

11. Industry or business: .....

12. Name America Helen Buesky

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

14. Maiden name Anna Wilkins

15. Birthplace Delaware (City, town, or county) (State or foreign country)

16. (a) Informant John C. Buesky

(b) Address Jameson Mo

17. (a) Interment (Burial, cremation, or removal) (b) Date thereof 8-7-1945 (Month) (Day) (Year)

(c) Place: burial or cremation Central Cemetery

18. (a) Signature of funeral director W. J. ...

(b) Address: .....

19. (a) 8-10-45 (Date received local registrar) (b) Grace Gutzend (Registrar's signature)

Major findings: Of operations 40%

Of autopsy: .....

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? .....

(Specify type of place) While at work? .....

(e) Means of injury: .....

23. Signature A. R. ... (M.D. or other) Grace Gutzend  
Address Jameson Mo Date signed 8-6-45

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

MOTHER FATHER

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 9-10-45

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 *V. E. Freeman*.....

Licensed Embalmer No. *2854*.....

P. O. Address *California 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.