

FILED JUL 19 1948

Registration District No. 300

Primary Registration District No. 3037

Registrar's No. 86

1. PLACE OF DEATH:  
(a) County Lairdence  
(b) City or town Mt Vernon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Home 209 So. Vine 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 12 years (Specify whether years, months or days)

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Mary Elizabeth DeBusk 6. (c) Age of husband or wife if alive deceased years  
7. Birth date of deceased Oct - 19 - 1885  
(Month) (Day) (Year)

8. AGE: Years 92 Months 8 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Nashville Tenn 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

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

MOTHER FATHER  
12. Name Unknown  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Estline Bible  
15. Birthplace Unknown 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary DeBusk  
(b) Address Mt Vernon, Mo.

17. (a) Burial (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal) (c) Place: burial or cremation Wheaton, Mo.

18. (a) Signature of funeral director Max L. Tossett  
(b) Address Mt Vernon, Mo.

19. (a) July 8, 1948 (b) Cecil A. Hendricks  
Date received local registrar (Registrar's signature) CH

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Barry 5  
(c) City or town Wheaton 0  
(If outside city or town limits, write "RURAL") 1  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24  
year 1948 hour 8 minutes 45 A. M.  
21. I hereby certify that I attended the deceased from Jan 10, 1942  
\_\_\_\_\_ 19\_\_\_\_ to June 24, 1948  
that I last saw him alive on June 24, 1948  
and that death occurred on the date and hour stated above.  
Immediate cause of death acute endocarditis Duration 2 weeks

Due to Chronic Myocarditis Unknown

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 6 months of death)

Major findings: P. A. Holmes 926  
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)  
(e) Means of injury 0

23. Signature R. A. Holmes (M. D. or other)  
Address Mt Vernon Date signed 6-24-48

RECEIVED

District Health Officer No. 6;

District File Number 748-836

Date Filed JUL 16 1945

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.....

*By me*

....., Registered Apprentice No.....

working under my personal supervision.

Signed Max. L. Fossett

Licensed Embalmer No. 4252

P. O. Address MWernon, 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.