

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

AUG 11 1937

26306

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. Research Hospital) St. _____ Ward _____

2. FULL NAME Andrew August Busekrus
(a) Residence, No. 4004 Forest Avenue St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11, 1864
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 8 4

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15 1937
22. I HEREBY CERTIFY, That I attended deceased from 9.5.39 1937 to 7.15 1937
I last saw h. s. alive on 7.14.37 1937 Death is said to have occurred on the date stated above, at 4.45 P. m.
The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mfg. Jeweler
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Carcinoma of Prostate
Bilateral Prostatitis
51
Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City Missouri

Other contributory causes of importance:

13. NAME August Busekrus

Name of operation Prostatic resection Date of 9.14.34
What test confirmed diagnosis? Neurosis Was there an autopsy? yes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19 _____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

15. MAIDEN NAME Mary T. Thrush

Manner of injury _____
Nature of injury _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

17. INFORMANT Helen Busekrus
(ADDRESS) 4004 Forest

(Signed) Ross Newman M. D.
(Address) 1019 Professional Bldg

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah DATE July 17 1937

19. UNDERTAKER Freeman Mortuary & Chapel
(ADDRESS) Kansas City, Missouri

20. FILED July 16 1937 M. M. Brown
Registrar.

12-4

Prof. Bldg

1400