

REC'D MAY 25 1938

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

16107
Do not use this space.

1. PLACE OF DEATH

(a) County Vernon Registration District No. 875
 (b) Township Washington Primary Registration District No. 6162 Registered No. 111
 (c) City..... (d) Street No.....
 (e) Length of residence in city or town where death occurred 8 yrs. 6 mos. 2 ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Ferdinand Buschow 205
 (a) Residence, No. State Hospital #3 St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26 1917

7. AGE YEARS 20 MONTHS 5 DAYS 18 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) Kansas City, Mo. (STATE OR COUNTRY)

13. NAME Ferdinand Jacob Buschow

14. BIRTHPLACE (CITY OR TOWN) Blue Hill, Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Full City, La. Carberry, Longham

16. BIRTHPLACE (CITY OR TOWN) Ball City, Mo. (STATE OR COUNTRY)

17. INFORMANT F. J. Buschow, 4601 Charlotte St. (ADDRESS) Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Newton Burial Pl. DATE 4/15 1938

19. FUNERAL DIRECTOR Giesinger Funeral Home (ADDRESS) 227 W. 11th St. Mo.

20. FILED 4/16 1938 Allen D. Keyser Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1929, to April 13, 1938

I last saw him alive on April 11, 1938. Death is said

to have occurred on the date stated above, at 10:45 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset 1935

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy? no

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.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

(Signed) J. J. Orsini M. D.

(Address) Kansas City, Mo.

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

STATEMENT BY LICENSED EMBALMER

I, Marsh Eickinger, Licensed Embalmer No. 2656

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Marsh Eickinger

Licensed Embalmer No. 2656

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.)