

REC'D AUG 10 1938

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

25588

Do not use this space.

1. PLACE OF DEATH

(a) County Gasper Registration District No. 408  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3020 Registered No. \_\_\_\_\_  
 (c) City Carthage (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred 80 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 7 yrs. mos. ds.

2. PRINT FULL NAME

Martha Amanda Buster  
 (a) Residence, No. 211 Meridian St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from 5:28 1938 to \_\_\_\_\_, 19\_\_\_\_  
 I last saw her alive on 5-28, 1938 Death is said to have occurred on the date stated above, at 7:30 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 24, 1852  
 7. AGE YEARS 86 MONTHS 5 DAYS 5 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home  
 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 \_\_\_\_\_

Hypertension  
Hypertensive heart disease  
Cerebral hemorrhage  
Senility  
 Other contributory causes of importance: ASH?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown / Louis

FATHER 13. NAME James F. Ritchie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown / Indiana

MOTHER 15. MAIDEN NAME Nancy Clark

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown / Unknown

17. INFORMANT (ADDRESS) Mrs Gertrude Buster / 211 Meridian - Carthage

18. BURIAL, CREMATION, OR REMOVAL PLACE Paradise Cem. DATE July 1, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kneel Martiny / Carthage, Missouri

20. FILED July 1, 1938 E. J. McEntire, M.D. Local Registrar.

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Physical 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  
 If so, specify \_\_\_\_\_  
 (Signed) Russel Smith, M. D.  
 (Address) Carthage, Mo

**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 *Ernest R. Stull*

Licensed Embalmer No. *391*

P. O. Address .....

**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, above space should be left blank.**