. No. 2
-11-10-39

FILED AUG 23 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26073

Registration District No. 135 Primary Registration District No. 3034 Registrar's No. 143

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

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 460 E. Rollins
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days) 25

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 460 E. Rollins
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Emmett J. Bussen
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 S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb (Month) 14th (Day) 1940 (Year)

8. AGE: Years | Months 5 | Days | If less than one day hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation 0
11. Industry or business 0
FATHER
12. Name August Bussen
13. Birthplace (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Stella Kroner
15. Birthplace (City, town, or county) Mo (State or foreign country)
16. (a) Informant August Bussen
(b) Address Moberly Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) 16th (Day) 1940 (Year)
(c) Place: burial or cremation Moberly
18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly Mo
19. (a) July 16-40 (Date received local registrar) (b) Leah Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14th year 1940 hour 10 minute 37 a.m.

21. I hereby certify that I attended the deceased from July 8, 1940, to July 14, 1940, that I last saw him alive on July 14, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchial Pneumonia

Due to Febr

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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) NO
(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 L. E. Huber (M. D. or other) MD
Address Moberly Mo Date signed 10/16/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
Number 8-40-1577
Date Filed AUG 8 1940

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 Not .....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.