

Registration District No. **86.2 23** Primary Registration District No. **6-36-452** Registrar's No. **41**

1. PLACE OF DEATH:

(a) County Texas

(b) City or town Cabool Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 20

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas

(c) City or town Cabool Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Cordell Busby

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 Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 28 1924
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
16	1	11	_____ hr. _____ min.

9. Birthplace Timber, Shannon Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER

12. Name John Busby

13. Birthplace Shannon Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Anna Dooley

15. Birthplace Flat River Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant John Busby

(b) Address Cabool Mo.

17. (a) Burial (b) Date thereof Sept 9 /40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Hill, Shannon Co

18. (a) Signature of funeral director Lucas V. White

(b) Address Cabool Mo.

19. (a) Sept - 7 (b) Mrs. Clois Cunningham
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7
year 1940 hour 7 minute 40 P.M.

21. I hereby certify that I attended the deceased from Aug 15, 1940 to Sept 7, 1940
that I last saw him alive on Sept 6, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary Tuberculosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Duration
2 yr

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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 _____

23. Signature Dr. E. Edens (M. D. or other) _____
Address Cabool Mo Date signed Sept 5

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

RECEIVED

District Health Officer No. 5.

District File Number. 101097P

Date Filed _____

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.....

Licensed Embalmer No. 2252

P. O. Address..... Cabool 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, above space should be left blank.