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13-40
7-39
X23159

Registration District No. 6450

Primary Registration District No. 5849

Registrar's No. 214

1. PLACE OF DEATH:

(a) County Osage

(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of town)

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

(d) Length of stay: In hospital or institution all his life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage

(c) City or town _____
(If outside city or town limits, write "RURAL")

(d) Street No. Linn, Mo. RD.
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Ben Herman Buscher

3. (b) If veteran, name war _____ 3. (c) Social Security No. 492-12-5434

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Myrtle I. Nichols 6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased Jan 31 1916
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>24</u>	<u>10</u>	<u>0</u>	hr. _____ min.

9. Birthplace Osage County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation W. P. A Laborer

11. Industry or business _____

12. Name Wm. A. Buscher

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

14. Maiden name Hannah E. Bogle

15. Birthplace Osage County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. William Buscher

(b) Address Linn, Mo.

17. (a) Burial (b) Date thereof Nov. 3, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lane Cemetery Osage Co 2nd

18. (a) Signature of funeral director Morton Funeral Home

(b) Address Linn, Mo.

19. (a) Nov 3-1940 (b) Ans Doraggett
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 1 day Nov. year 1940 hour 4 minute PM

21. I hereby certify that I attended the deceased from Oct 12 - 40 to Nov 1 - 40; that I last saw him alive on Nov 1 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial Tuberculosis (Gulfsprung Consumption)

Due to _____

Due to _____

Other conditions 3 2 12
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

571 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Geo Williamson (M. D. or other) _____
Address Linn, Mo. Date signed 11-3-1940

Duration

8 weeks

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

Vernon Morton

Licensed Embalmer No.

4125

P. O. Address.....

Leona

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, fact should be so stated above.