

No. 2
-13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **5871**
Registrar's No. **643**

MAR 14 1941

Registration District No. **399**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7216 Walrond /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 yrs** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Jessie Rose Busse**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **Femal** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Raymond F. Busse** 6. (c) Age of husband or wife if alive **28** years
7. Birth date of deceased **Nov 30 1914**
(Month) (Day) (Year)

8. AGE: Years **26** Months **2** Days **12** If less than one day hr. min.

9. Birthplace **Arkansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER
12. Name **Guy A. Springer**
13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah C. Petticord**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Raymond F. Busse**
(b) Address **7216 Walrond**

17. (a) **Removal** (b) Date thereof **Feb. 14 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Wellington Mo.**

18. (a) Signature of funeral director **Mrs C.L. Forster**
(b) Address **918 Brooklyn**

19. (a) **2/13/41** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **7216 Walrond** (If rural, give location)
(e) If foreign born, how long in U. S. A. ? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **12** year **1941** hour **1** minute **55 P. M.**

21. I hereby certify that I attended the deceased from **2/12/41** to **2/12/41**, 19**41**;
that I last saw her alive on **2/12/41** and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Tuberculosis**

Due to **12 15**

Due to **12 15**

Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings: **None**
Of operations
Of autopsy

Duration **7 yrs.**
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)
(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?

Signature of Registrar **M. M. Brown** Date signed **2/13/41**

No 5985
36530

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 *Daniel P. Browning*

Licensed Embalmer No. *2724*

P. O. Address *H. E. 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, fact should be so stated above.