

Registration District No. 97

Primary Registration District No. 3016

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

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
410 Cedar Street (1110 Cedar St.)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 77 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Washington Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 409 Elder St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? none years.

3. (a) PRINT FULL NAME CASSIOLA BUSCH

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John B. Busch 6. (c) Age of husband or wife if alive none years
7. Birth date of deceased April 8 1864
(Month) (Day) (Year)

8. AGE: Years 76 Months 11 Days 15 If less than one day 16 hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name C. H. Kahmeyer
13. Birthplace Oesnobuech Germany (City, town, or county) (State or foreign country)
14. Maiden name Mary Meuse
15. Birthplace Washington Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs John B. Busch Jr.

(b) Address Washington Mo.

17. (a) Burial (b) Date thereof 3-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Mo.

18. (a) Signature of funeral director H. A. May

(b) Address Washington Mo.
19. (a) Mar. 25-1941 (Date received local registrar) (b) H. A. May (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 33
year 1941 hour 8:10 minute A M.

21. I hereby certify that I attended the deceased from MARCH 20, 1941, to MARCH 23, 1941; that I last saw her alive on MARCH 22, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death CHRONIC ENDOCARDITIS Duration unknown

Due to arteriosclerosis with hypertension Duration unknown

Due to _____ Duration 92 H

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

Major findings: Of operations ✓ Of autopsy ✓ 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? 270 (Specify type of place)

While at work? _____ (e) Means of injury ✓

23. Signature H. A. May (M. D. or other) M.D.
Address Washington Mo. Date signed 3-25-41

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 me

none other, Registered Apprentice No. none
working under my personal supervision.

Signed Henry W. Otto

Licensed Embalmer No. 3560

P. O. Address Washington

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.