

FILED MAY 16 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13527

State File No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1508

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: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days
(Specify whether years, months or days)
In this community 25 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 527 Chestnut Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Frederick Louis Buschman, Sr.

3. (b) If veteran, name war No 3. (c) Social Security No. 487-01-0692

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Mary Buschman
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased April 13 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 0 1 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Northeast Station Mechanic

11. Industry or business Kansas City Power & Light

MOTHER FATHER { 12. Name Frederick L. Buschman
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Edward E. Buschman
(b) Address 527 Chestnut

17. (a) Burial (b) Date thereof April 17, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director M. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) Apr 16 1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1941 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from April 8
1941 to April 14 1941
that I last saw him alive on April 14 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular
Duration 1 week

Due to hypertension ? 820 years

Due to arteriosclerosis

Other conditions no
(Include pregnancy within 3 months of death)

Major findings: Co.
Of operations

Of autopsy Post. basal cerebrosclerosis
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 0

23. Signature John O. Spunner (M. D. or other) MD
Address 1402 Bryant Bldg. Date signed 4-14-41

K.C. 40

JUL 7 1941

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

George M. Collier

Licensed Embalmer No. *3839*

P. O. Address *H. C. 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.