

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

Registration District No. 542

Primary Registration District No. 8731

Registrar's No. 24

1. PLACE OF DEATH:

(a) County. Maries
(b) City or town. Rural
(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)
(d) Length of stay: In hospital or institution
In this community. 52 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Whilemena Buschman

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry Buschman 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased 3 25 1876
(Month) (Day) (Year)

8. AGE: Years 69 Months 1 Days 3 If less than one day hr. min.

9. Birthplace Westphalia Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Gus Dallhoff
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Richkoff
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Buschman

(b) Address Vienna, Mo.

17. (a) Burial (b) Date thereof 4/30/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vienna

18. (a) Signature of funeral director W. C. Birmingham

(b) Address Vienna, Mo.

19. (a) Apr 30, 1941 (b) Mrs. Lavinia Ellis
(Received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maries
(c) City or town Vienna -- Rural Rt. Rural
(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.? 52 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
year 1941 hour 4 minute 34 A. M.

21. I hereby certify that I attended the deceased from 4/26 - 1941, to 4/28 - 1941; that I last saw her alive on 4/27 - 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to Diabetes mellitus
& Bronchopneumonia

Due to

Other conditions (Include pregnancy within 3 months of death) 61

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?

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

23. Signature A. J. Ender (M. D. or other) 11
Address Dayton, Mo. Date signed 4/28/41

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed

H. C. Birmingham

Licensed Embalmer No.

3664

P. O. Address

Genney

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15142

Registration District No. 542

Primary Registration District No. 5731

Registrar's No.

1. PLACE OF DEATH:

- (a) County Marion
(b) City or town Jackson Twp
(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)

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

In this community.
years, months or days)

3. (a) PRINT FULL NAME Wilhemena Buschman

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex F

5. Color or
race W

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
alive 1876 year

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

69

1

3

hr. min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(b) Date thereof

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Marion
(c) City or town Rural
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Apr day 28
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from
19 to 19

that I last saw him alive on 19

and that death occurred on the date and hour stated above.

Immediate cause of death

Duration

Due to

Due to

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 sta-
tistically.

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

(M. D. or other)

Address

Date signed

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

