

FILED SEP 26 1941

Registration District No. 542

Primary Registration District No. 5731

Registrar's No. 44

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

1. PLACE OF DEATH:

(a) County Maries  
(b) City or town Vienna, Mo.  
(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 60 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Maries 63  
(c) City or town Rural (If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

8. (a) PRINT FULL NAME Henry Buschman

3. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Wehlemine Buschman 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased October 14, 1864  
(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Joseph Buschman

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

14. Maiden name Mary Christina Lohern

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 8-30-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director [Signature]

(b) Address Vienna, Mo.

19. (a) Sept. 4, 1941 (b) Mrs. Louis Coda  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27  
year 1941 hour 4 minute 30 pm.

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 Coronary Occlusion Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to Hypertension

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(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? \_\_\_\_\_

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

23. Signature [Signature] (M. D. or other) D. O.  
Address Vienna, Mo. Date signed 8/30/41

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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 *W. C. Cunningham*

Licensed Embalmer No. 3664

P. O. Address Genoa, 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, above space should be left blank.**