

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41164

State File No. _____

FILED JAN 24 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4845

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: Kansas City General Hospital
(d) Length of stay: In hospital or institution 35 yrs.
In this community 35 yrs.

3. (a) PRINT FULL NAME Charles B. Busse

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

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

6. (b) Name of husband or wife Emma Matilda Busse 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Oct 2 1941-1870

8. AGE: Years 71 Months 2 Days 25 If less than one day hr. min.

9. Birthplace Kansas

10. Usual occupation Harness maker

11. Industry or business _____

12. Name Lewis Busse

13. Birthplace Germany

14. Maiden name Dora Fickens

15. Birthplace Mo.

16. (a) Informant Emma Matilda Busse

(b) Address 2721 Lister

17. (a) Removal (b) Date thereof Dec 30 1941

(c) Place: burial or cremation Hamilton Mo

18. (a) Signature of funeral director Mrs C.L. Forstar

(b) Address 918 Broadway

19. (a) Dec 29 1941 (b) M. M. Brown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 2721 Lister
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 27 1941
year hour minute M.

21. I hereby certify that I attended the deceased from 9:00 AM to 9:55 PM
that I saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Cerebral embolism
Gall. Blad Form

Other conditions _____
Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Blow
(b) Date of occurrence 12-22-41 123
(c) Where did injury occur? K. Jackson
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? _____ (Specify type of place)
(e) Means of injury Gall
23. Signature Russell (M. D. or other) 3
Address _____ Date signed _____

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

MOTHER FATHER

18
23
29

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

Registered Apprentice No. _____

working under my personal supervision.

Signed

Dennis C. Browning

Licensed Embalmer No. 2724

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.