V. S. No. 2
M—11-10-39
ev. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7399

Registration District No. 425 — Primary Registration District No. 3031 — Registrar's No. 28

74
1
2

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Maryville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital ( ) (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) Life
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Nodaway 74
(c) City or town Maryville (Rural) 1 (If outside city or town limits, write "RURAL")
(d) Street No. 7 Mi South West 2 (If rural, give location)
(e) If foreign born, how long in U. S. A.? ( ) years.

3. (a) PRINT FULL NAME BARBARA LOUISE BUSBY.
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex F. 1
5. Color or race W.
6. (a) Single, widowed, married, divorced Single ( )
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. (Month) 13 (Day) 1926 (Year)

8. AGE: Years 15 | Months 2 | Days 13 | If less than one day hr. min.

9. Birthplace Maryville (City, town, or county) O Mo. (State or foreign country)
10. Usual occupation School.
11. Industry or business
FATHER
12. Name John Ferdinand Busby
13. Birthplace Nodaway Co. (City, town, or county) O Mo (State or foreign country)
MOTHER
14. Maiden name Gertrude Marie Lahr.
15. Birthplace Maryville (City, town, or county) Mo. (State or foreign country)
16. (a) Informant John Busby.
(b) Address Maryville Mo ( )
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 28, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery
18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville Mo.
19. (a) Feb 28 42 (Date received local registrar) (b) Mamie E Clardy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26 year 1942 hour 9 minute a M.
21. I hereby certify that I attended the deceased from Feb. 19, 1942 to Feb 26, 1942 that I last saw her alive on Feb. 26, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mesenteric Thrombosis following appendectomy	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 121.1	

Major findings:
Of operations acute appendicitis
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature N. M. Hallis O (M. D. ~~or other~~)
Address Maryville Mo Date signed 2-27-42

(Licensed Embalmer's Statement on Reverse Side)

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 Clem M Price

Licensed Embalmer No. 1822

P. O. Address Maryville, 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.