

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18121

State File No.

Registration District No. 395

Primary Registration District No. 53514

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural (In a bar)

(c) Name of hospital or institution:
2 1/2 mi. N. Blue Spgs
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 78 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Blue Springs - (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. 2 1/2 mi north
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Annie Buseck

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race Negro

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

6. (b) Name of husband or wife Matt

6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased Aug 10 1943
(Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 21 If less than one day hr. min.

9. Birthplace Blue Springs Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Retired House wife

MOTHER FATHER

12. Name Anthony Lubb

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

14. Maiden name Mary Gibson Lubb

15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Buseck

(b) Address Independence Mo R.T.D.

17. (a) Burial (b) Date thereof 4-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lubb Country

18. (a) Signature of funeral director Mrs. G. B. Keith, Sr.

(b) Address Blue Springs Mo

19. (a) 6-29-42 (b) Walter W. Moore
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6th year 1942 hour 2 am minute _____ M.

21. I hereby certify that I attended the deceased at time of death 4/6, 1942 to _____ 1942

that I last saw h. alive on Apr 3, 1942

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

Immediate cause of death Angina pectoris

Due to _____

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 Walter W. Moore (M. D. or other) 0

Address Blue Springs, Mo Date signed 4/42

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

48
00

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.....

Q. B. White

Licensed Embalmer No.....

23513

P. O. Address.....

Blue Springs

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.