

FILED JUN 19 1942

Registration District No. 115-772

Primary Registration District No. 4443

Registrar's No. 21

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

4
3
1

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Blwin mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bonheur Hospital. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks
(Specify whether)

In this community 0
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County St. Francois

(c) City or town Blwin mo 94
(If outside city or town limits, write "RURAL") 3

(d) Street No. Mill Street
(If rural, give location) 1

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

If yes, name country. 0

3. (a) PRINT FULL NAME DORTHY IRENE Busenbark

3. (b) If veteran, name war 0

3. (c) Social Security No. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
year 1942 hour 8:30 minute 0 P.M.

21. I hereby certify that I attended the deceased from April 4
1942 to May 5 1942

that I last saw her alive on May 5 1942
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced 9 divorced

6. (b) Name of husband or wife Clyde Emery Busenbark

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased Dec 13 1913
(Month) (Day) (Year)

Immediate cause of death Acute pericarditis
myocarditis

Due to Typhus

Due to 90 f

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years 28 Months 7 Days 22
If less than one day hr. min.

9. Birthplace Blwin mo St. Francois
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

12. Name Bentley Seals

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

14. Maiden name Lessie Hill

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

16. (a) Informant Clyde E. Busenbark

(b) Address Blwin mo

17. (a) Burial (b) Date thereof 5-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Southwestern Inf.

18. (a) Signature of funeral director Sparks

(b) Address Blwin mo

19. (a) 5-19-42 (b) 0
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings:
Of operations

Of autopsy

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?

While at work? (Specify type of place)

(e) Means of injury

23. Signature C. H. Campbell (M. D. or other) M.D.
Address 71st River MO Date signed 5-7-42

RECEIVED

District Health Officer No. 4
District File Number 642-735
Date 6-11-42

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.....

2/22/42
working under my personal supervision.

Signed Everett Sparks

Licensed Embalmer No. 4287

P. O. Address Elmwood 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.