S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

30093

State File No.

FILED OCT 8 1942

Registration District No. 70

Primary Registration District No. 5274

Registrar's No. 34

1. PLACE OF DEATH

(a) County Clark.

(b) City or town Rural, Clay Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: at Home of Arthur Dienst, Clay Twp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Entire Life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clark 23

(c) City or town Rural, Clay Twp. 0
(If outside city or town limits, write "RURAL") 0

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

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

If yes, name country 0

3. (a) PRINT FULL NAME William Buschling.

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife —

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

7. Birth date of deceased Nov. (Month) 15 (Day) 1864 (Year)

8. AGE:

Years	Months	Days	If less than one day
77	10	0	hr. min.

9. Birthplace Near Alexandria, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation farmer - retired.

11. Industry or business

FATHER
12. Name Lewis Buschling.
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Caroline Bowrichter.
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Dienst.
(b) Address Alexandria, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 16 1942
(Month) (Day) (Year)
(c) Place: burial or cremation Zion Cemetery.

18. (a) Signature of funeral director H. F. Kirchen
(b) Address Wayland, Mo.

19. (a) 9-17-42 (Date received local registrar) (b) Perry S. Borton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15th year 1942 hour 7 minute 00 A.M.

21. I hereby certify that I attended the deceased from July 10 1942 to Sept 15 1942 that I last saw him alive on Sept. 15 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endo-Carditis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

92d

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 E. A. S. Reho (M. D. or other)

Address Alexandria 0 Date signed 9/15/42

1 of 13

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-42-1829
Date Filed OCT - 7 1942

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.