

FILED AUG 12 1943

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 7074

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Missouri Pacific Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days  
(Specify whether years, months or days)

In this community 3 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 105

(c) City or town Nevada  
(If outside city or town limits, write "RURAL")

(d) Street No. 704 West Cherry  
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME Catherine Marion Bussinger

3. (b) If veteran, name war No

3. (c) Social Security No. No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 4 1943  
year 1145 hour P. minute 1145 M.

21. I hereby certify that I attended the deceased from 8-2-43 to 8-4-43  
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 Married

6. (b) Name of husband or wife Claude

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased August 31 1892  
(Month) (Day) (Year)

Immediate cause of death Intestinal Obstruction 7 days

8. AGE: Years 50 Months 11 Days 4  
If less than one day hr. min.

Due to Carcinomatosis

Due to Carcinoma of colon (ascending)

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Moberly Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name John Marion

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

14. Maiden name Maggie Burke

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

Major findings: Carcinoma of ascending colon

Of autopsies

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant John C.

(b) Address 217 No Lynn, Nevada, Mo.

17. (a) BURIAL (b) Date thereof 8-7-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nevada, Mo.

18. (a) Signature of funeral director C. Hoffmeister M.D. Co.

(b) Address 7814 South Broadway

19. (a) AUG 5 1943 (b) J. Bussinger  
(Date received by registrar) (Registrar's signature)

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. Signed V. D. Buske (M. D. or other) \_\_\_\_\_  
Address 1011 Prairie Wood Date signed 8-4-43

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

MOTHER FATHER

AUG. 21 1944

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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.....

*Paul A. Shanklin*....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Paul A. Shanklin*

Licensed Embalmer No. *3472*

P. O. Address *7814 So. Broadway*

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.