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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 12 1943

Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 132

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Missouri Pacific Railroad 3 3/4 mi
(If not in hospital or institution, write street number or location)
Highway 25

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

In this community 10 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No. 325 So. Main St
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Annis L. Busick

3. (b) If veteran, name war _____

3. (c) Social Security No. 702-14-4915

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25
year 1943 hour 5 minute 57 P.M.

21. I hereby certify that I attended the deceased from _____, 19____;
Anna that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Pearl Busick 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased April 19 - 1891
(Month) (Day) (Year)

Immediate cause of death Fracture of the skull

Due to Railroad hammer

Due to _____

8. AGE: Years 51 Months 6 Days 6 If less than one day _____ br. _____ min.

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

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 169 30

Of autopsy See above

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Railroad Labor

11. Industry or business Section Labor

12. Name George Busick

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

14. Maiden name Frances Christian

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

16. (a) Informant Pearl Busick

(b) Address Leis Summit Dr

17. (a) Burial (b) Date thereof 10-27-43
(Burial, cremation, or removal) (Monthly) (Day) (Year)

(c) Place: burial or cremation Leis Summit Dr

18. (a) Signature of funeral director H. B. Langford

(b) Address Leis Summit Dr

19. (a) Oct. 26 - 1943 (b) J. M. Schick
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 048

(b) Date of occurrence 10/25/43

(c) Where did injury occur? Urban Co Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Railroad tracks, Franchised
(Specify type of place)

While at work? (e) Means of injury _____

23. Signature [Signature] (M. D. or other) Ann
Address Leis Date signed 3/19/43

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

48
0
0

1162

DEC 27 1943

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

H. B. Langford

Licensed Embalmer No

3233

P. O. Address

Leis Summit

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.