

S. No. 2
M-5-43
v. 5-17-39
I X36671

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FILED SEP 25 1944

State File No.

Registrar's No. 364-1

Registration District No. 126

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
St. John's Hospital
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Ottawa

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

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

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

3. (a) PRINT FULL NAME Ronnie Joe Busick

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex 0 Male 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased April 14 1944
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	3	9		_____ hr. _____ min.

9. Birthplace Quapaw Oklahoma
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER { 12. Name William Berry Busick

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

14. Maiden name Wilma Sills

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

16. (a) Informant Mrs. W. B. Busick

(b) Address Quapaw, Okla.

17. (a) Removal (b) Date thereof July 28 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation G. A. B. Miami Okla.

18. (a) Signature of funeral director John Adams

(b) Address Joplin Okla.

19. (a) 9-19-44 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 23
year 1944 hour 7 minute 15 M.

21. I hereby certify that I attended the deceased from for one hour preceding death on 7-23-1944
that I last saw him alive on _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Intoxication

Due to _____

Due to _____

Other conditions 119a
(Include pregnancy within 3 months of death)

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 _____

Signature [Signature] (M. D. or other) _____

Address Joplin Mo Date signed _____

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

120

44-9-381

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

John Howard

Licensed Embalmer No. *870*

P. O. Address *Prater Ave*

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.