S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

FILED DEC 21 1945

State File No. 40962

Registration District No. 77 Primary Registration District No. 3011 Registrar's No. 218

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hours (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Maries 63
(c) City or town Vienna Mo 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elizabeth Buschman
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joseph Buschman
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased 8 (Month) - 3 (Day) 1883 (Year)

8. AGE: Years 62 Months 4 Days 4 If less than one day hr. min.

9. Birthplace Vienna (City, town, or county) Mo (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name Henry Heinmann
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Mary Moore
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Joseph Buschman
(b) Address Vienna Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-10 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Vienna Mo
18. (a) Signature of funeral director McBurnington
(b) Address Vienna Mo
19. (a) 12-12-45 (Date received local registrar) (b) R. P. Dorris MD NR (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7 year 1945 hour 8 minute 30 p M.
21. I hereby certify that I attended the deceased from Dec 7 1945 to Dec 7 1945 that I last saw her alive on Dec 7 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	2 hrs
Due to Hypertensive heart	
Due to disease	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 J A Ossman (M. D. or other) MD
Address Jefferson City Mo Date signed 12-10-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 12-18-45

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 C Birmingham

Licensed Embalmer No. 3664

P. O. Address Vienna, 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.