

FILED MAR 15 1946
Registration District No. **174**

Primary Registration District No. **5644**

Registrar's No. **85**

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Luxington Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 mi. South
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 25 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lafayette
(c) City or town Luxington
(If outside city or town limits, write "RURAL")
(d) Street No. 1 mi. S.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ADELIA B. BUSSE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rudolph H. Busse 6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased Feb 8 1872
(Month) (Day) (Year)

8. AGE: Years 74 Months 0 Days 2 If less than one day hr. _____ min. _____

9. Birthplace Warren Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name Ernest Lieneke
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Bernadine Rothger
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Rudolph H. Busse

(b) Address Luxington, MO

17. (a) Burial (b) Date thereof 2-12-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wellington, MO

18. (c) Signature of funeral director Ernest Schrage

(b) Address Luxington, MO

19. (a) 3-11-46 (b) Ernest Schrage
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10
year 1946 hour 11 minute 25 A.M.

21. I hereby certify that I attended the deceased from Jan 22
1946 to Feb 9 1946
that I last saw him alive on Feb 9 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Aneurysm

Due to Arterial Hypertension

Due to Arterial Sclerosis

Other conditions Chronic Prostatitis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 1518

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) Manner of injury _____

23. Signature [Signature] (Date signed) 2/11/46
Address Luxington, MO

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

106

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-14-46

Edally

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 *Garnet F. Kumpel*

Licensed Embalmer No. 32785

P. O. Address Lexington, Va.

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.