

S. No. 2
M-543
y. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 10 1948
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16852
State File No. _____
Registrar's No. **2362**

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson City, Mo.
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Osteopathic Hospital, Kansas City, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One day
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Van Buskirk, Lizzie
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex Female **5. Color or race** W.
6. (a) Single, widowed, married, divorced W.
6. (b) Name of husband Lewis Van Buskirk
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Feb - 16 - 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u> ✓	<u>2</u>	<u>23</u>	hr. min.

9. Birthplace Big Springs, Penn!
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business
12. Name George Early
13. Birthplace Penn!
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Evelyn Howard
(b) Address Kansas City, Mo

17. (a) Burial Sunset Memorial Garden **(b) Date thereof** 5/12/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Marshall Mo

18. (a) Signature of funeral director Harry Hershberger
(b) Address Marshall Mo

19. (a) 5-27-46 **(b) Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saline 97
(c) City or town Mount Leonard, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 9th
year 1946 hour 7:15 minute P. M.
21. I hereby certify that I attended the deceased from May 8, 1946 to May 9, 1946
that last saw him alive on May 9, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Coronary sclerosis
Due to Myocarditis

Due to _____
Other conditions (Include pregnancy within 3 months of death) 63 lbs

Major findings:
Of operations none
Of autopsy none

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)
(b) Means of injury _____
23. Signature Richard C. [Signature] (M. D. or other)
Address 1009 1/2 [Address] **Date signed** 5-9-46

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

15774

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.....

Harry Hershberger

Licensed Embalmer No.....

4357

P. O. Address.....

Marshall 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.