

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8950

State File No. _____

FILED APR 17 1947

Registration District No. 179

Primary Registration District No. 1002

Registrar's No. 1229

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Menorah Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Months
(Specify whether _____)

In this community unknown
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson CR

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8

(d) Street No. 2519 Troost
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME MRS. LOIS VINA BUSICK

3. (b) If veteran, name war No

3. (c) Social Security No. 487-01-1115

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 14th day March
year 1947 hour 8:00 minute P M.

21. I hereby certify that I attended the deceased from January 8
1947 to Mar 14 1947;

that I last saw her alive on Mar 14 1947;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Busick

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased: Oct 6 1909
(Month) (Day) (Year)

Immediate cause of death
Bronchiogenic Carcinoma
all over body with
Due to metastases

8. AGE: Years Months Days If less than one day

<u>37</u>	<u>5</u>	<u>8</u>	hr. min.
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Due to _____

Other conditions (include pregnancy within 3 months of death)
47c

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

10. Usual occupation Waitress

Major findings:
Of operations _____

Of autopsy _____

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

11. Industry or business _____

12. Name William Speer

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

14. Maiden name No record

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

16. (a) Informant John C Busick

(b) Address 2519 Troost

17. (a) Burial (b) Date thereof 3/18/47
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Forest Hill Co.

(b) Address 20 West Linwood

19. (a) 3-18-47 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____

While at work? _____ (e) Means of injury D

23. Signature Dr. H. J. ... (M. D. or other) MD

Address 925 Argyle Bldg Date signed 3-17-47

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

MOTHER FATHER

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, by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed: Maudie Adair
Licensed Embalmer No. 4016
P. O. Address R. O. 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.