

U.S. No. 2
M-5-43
5-17-39
I X36571

FILED JUL 15 1947

Registration District No. 116 Primary Registration District No. 3026 Registrar's No. 100

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Washington
(c) Name of hospital or institution: St. Francis Hospital
(d) Length of stay: In hospital or institution 3 days
In this community 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin
(c) City or town Union
(d) Street No. East State St.
(e) Citizen of foreign country? (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME Oscar Busch
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 7th
year 1947 hour 4 minute a, M.
21. I hereby certify that I attended the deceased from 7-9, 1947 to July 7, 1947
that I last saw h. alive on July 6, 1947
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bertha E. Busch 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased December 25th 1861
(Month) (Day) (Year)

Immediate cause of death: arteriosclerotic cardiac vascular disease
Due to 5 yrs

8. AGE: Years 86 Months 6 Days 12 If less than one day hr. min.

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

9. Birthplace Washington Mo.
10. Usual occupation merchant

MOTHER FATHER
11. Industry or business _____
12. Name Gordian L. Busch
13. Birthplace Germany
14. Maiden name Pauline Muench
15. Birthplace Germany

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 0

16. (a) Informant H. D. Busch
(b) Address Union Mo.
17. (a) Burial (b) Date thereof 7/9/1947
(c) Place: burial or cremation Union Mo.
18. (a) Signature of funeral director E. H. Ottmann
(b) Address Union Mo.
19. (a) JUL 8 1947 (b) [Signature]
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) M.D.
Address Union Date signed 7-8-47

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 7-14-47

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 E. G. Ottmann

Licensed Embalmer No. 7686

P. O. Address Union 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.