No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 15 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26831

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 1094

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 712½ N. 4th St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 6yrs, years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Buchanan
(c) City or town St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 712½ N. 4th St. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME Susan a. Hughes
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Nathan
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased April (Month) 10 (Day) 1873 (Year)

8. AGE: Years 74 | Months 4 | Days 1 | If less than one day 0 hr. 0 min.
9. Birthplace Hartville (City, town, or county) Indiana (State or foreign country)
10. Usual occupation housewife
11. Industry or business none
FATHER
12. Name Martin Bussear
13. Birthplace Ohio (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Catherine Atkins
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant Alphone Bussear, Brother
(b) Address 712½ N. 4th, St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/13/47 (Month) (Day) (Year)
(c) Place: burial or cremation Filmore, Mo.
18. (a) Signature of funeral director John E. Depp
(b) Address 8054 Pryor, St. Joseph, Mo.
19. (a) 9-11-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11th year 1947 hour 6 minute 50A. M.
21. I hereby certify that I attended the deceased from Aug 15-47, 19..., to 9/11/47, 19...; that I last saw her alive on 9/10/47, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Pyaliasis from Hemorrhage of Left side of Brain

Due to age.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy no

Duration

PHYSICIAN

Underline the cause of 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 0

23. Signature J. T. Stamey (M. D. or other)
Address 262 N. 4th St. Joseph Mo. Date signed 9/11/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Roland D. Clark, Registered Apprentice No. 503, working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, M

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.