. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33696

FILED NOV 3 1947 42

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1292

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: 2408 So 4th At his home. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Entire lifetime.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan. 11

(c) City or town St. Joseph. 1
(If outside city or town limits, write "RURAL")

(d) Street No. 2408 South 4th. Street. 7
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Edward Adam Buskey.

3. (b) If veteran, name war No.

3. (c) Social Security No. NONE

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single. 0

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 4th. (Day) 1877 (Year)

8. AGE:

Years	Months	Days	If less than one day
70	7	24	-- hr. ---- min.

9. Birthplace St. Joseph, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Laborer.

11. Industry or business Packing Industry.

FATHER
12. Name John Buskey. 4
13. Birthplace Poland. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marie Josephine Green. 4
15. Birthplace Poland. 4
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Elsie Pine.
(b) Address 2408 South 4th. Street- City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/30/47 (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery.

18. (a) Signature of funeral director Mrs. E. R. Sidenfaden
(b) Address 602 South 10th. Street.

19. (a) 11-1-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28th
year 1947 hour 5:00 AM minute M.

21. I hereby certify that I attended the deceased from Viewed
Oct 28th, 1947, to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemorrhage of Lungs	
Due to	
Due to	
Other conditions Pulmonary Tuberculosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 13 B

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

23. Signature B. W. Tadlock Coroner (M. D. ~~or other~~) 3

Address KING HILL BLDG St. Joseph, Mo. Date signed 10/28/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Coroner.

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 Mollie E. Sidenfaden Fox

Licensed Embalmer No. 4235

P. O. Address St. Joseph, 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.