

S. No. 2
M-5-43
5-17-39
X26671

FILED FEB 27 1948

Registration District No. 28 Primary Registration District No. 4314 Registrar's No. _____

1. PLACE OF DEATH:

(a) County Macomb

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

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

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

In this community all his life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Macomb

(c) City or town Atlanta MO
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Ora Busch

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife John Busch 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Aug - 14 - 1879
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12 year 1948 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb 12, 1948, to Feb 12, 1948, that I last saw her alive on Feb 12, 1948, and that death occurred on the date and hour stated above.

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

68 5 28 hr. min.

Immediate cause of death Myocardial failure

Due to Toxic Myocarditis Duration 1 wk.

Due to _____

Other conditions —
(Include pregnancy within 3 months of death)

9. Birthplace Macomb Co. MO
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Sam. H. File

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

14. Maiden name Elizabeth Wolf

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

Major findings: Of operations — Of autopsy —

PHYSICIAN —

Underline the cause to which death should be charged statistically.

16. (a) Informant John Busch

(b) Address Atlanta MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-15-1948
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Calvary

18. (a) Signature of funeral director H. M. Gooding

(b) Address Atlanta MO

19. (a) Feb 17 1948 (Date received local registrar) (b) Mrs. O. B. Griffin (Registrar's signature)

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) Means of injury —

23. Signature E. P. Hudson (M. D. or other) M. D.

Address 2012 Patterson, Knoxville Date signed 2-15-48

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

RECEIVED
District Health Officer No. 10
District File Number 2-48-353
Filed FEB 25 1948

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 ~~personally~~

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

Signed.....

H M Goodburg

Licensed Embalmer No. *1750*

P. O. Address *Atlanta 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.