

No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40048
Registrar's No. 5160

FILED JAN 8 1948
Registration District No. 1948

Primary Registration District No. 1002

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

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:
3918 Euclid Avenue
(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 unknown years, months or days)

3. (a) PRINT FULL NAME Harbart C. BUSTER
(b) If veteran, name war no
(c) Social Security No. 500-03-2190

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Nellie View Buster 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased December 6, 1877
(Month) (Day) (Year)

8. AGE: Years 71 Months 0 Days 12 If less than one day hr. min.

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

10. Usual occupation Retired Meat Inspector

11. Industry or business Armour and Co.

MOTHER FATHER

12. Name Robert Buster

13. Birthplace Wayne Co., Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Fannie Jane Haynes

15. Birthplace Russell County, Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nellie V. Buster

(b) Address 3918 Euclid Avenue, K.C., Mo.

17. (a) Removal (b) Date thereof 12-20-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph, Missouri

18. (a) Signature of funeral director Melody McGilley-Eylar

(b) Address Kansas City, Missouri

19. (a) 12-20-48 (b) Herbaldine Holms
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City (If outside city or town limits, write "RURAL") 8
(d) Street No. 3918 Euclid Avenue (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18
year 1948 hour 10 minute 50 P.M.

21. I hereby certify that I attended the deceased from Aug 3, 1948 to Dec. 18, 1948
that I last saw him alive on Dec. 18, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal pneumonia Duration 24 hrs.

Due to Uremia 2 weeks

Due to Ca of bladder 6 mos

Other conditions (Include pregnancy within 3 months of death) 525

Major findings: Of operations Ca of bladder PHYSICIAN _____

Of autopsy _____ Underline the cause to 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? 0

While at work? (Specify type of place) (e) Means of injury _____

Signature Herbert Shuey Herbert Shuey (M. D. or other) M.D.

Address 3903 Euclid Date signed 12-20-48

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.....

Licensed Embalmer No. *2999*

P. O. Address..... *KC*

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.