

No. 300
10.48

FILED OCT 2 1950

STANDARD CERTIFICATE OF DEATH

State File No. 29434

0117

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1074

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institutional: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2108 Main St.		d. STREET ADDRESS (If rural, give location) 2108 Main	

3. NAME OF DECEASED (Type or Print) a. (First) Rosa b. (Middle) Anna c. (Last) Busch			4. DATE OF DEATH (Month) (Day) (Year) Sept. 15, 1950			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 10, 1869	9. AGE (In years last birthday) 80	10. F UNDER 1 YEAR Months Days	11. F UNDER 18 RES. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Kansas		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George Lodhold		13b. MOTHER'S MAIDEN NAME Rose Genschoreck		14. NAME OF HUSBAND OR WIFE Leo J. Busch		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. E.M. Schneitter		ADDRESS St. Joseph, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Chromyocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO Asthmatic Bronchitis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gastro Enteritis			INTERVAL BETWEEN ONSET AND DEATH Years 42 2/3 2 days
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 1844, to 9-15-1950, that I last saw the deceased alive on 9/15/1950, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.E. Grimes M.D.		23b. ADDRESS St. Joseph, Mo.		23c. DATE SIGNED 9-16-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 18, 1950		24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri	

DATE REC'D BY LOCAL REG. Sept. 25, 1950		REGISTRAR'S SIGNATURE G. B. Jenkins		382 25. FUNERAL DIRECTOR'S SIGNATURE Stoney Funeral Home		ADDRESS Big Boy Store St. Joseph, Mo.	
--	--	--	--	---	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *John Ray Stoney*

Licensed Embalmer No. *2435*

P. O. Address *St Joseph*

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.