

FILED OCT 24 1956

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. _____

| | | | | | | | | | |
|---|----------------------------------|---|--|---|--|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Kansas City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 419 W. 46th St. Terr | | | Length of stay in lb 40 years | | STREET ADDRESS 419 W. 46th St. Terr. | | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) M A R I E | | | | First E. Middle V A N Last B U S K I R K | | 4. DATE OF DEATH Sept. 30, 1956 | | Month Sept. Day 30 Year 1956 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH Dec. 2, 1892 | | 9. AGE (In years last birthday) 63 | | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | | 10b. KIND OF BUSINESS OR INDUSTRY At home | | 11. BIRTHPLACE (City and state or country) St. Joseph, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |
| 13. FATHER'S NAME Henry Musgrove | | | | 14. MOTHER'S MAIDEN NAME Annie Titcomb | | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 494-14-4075A | | 17. INFORMANT Address William C. Van Buskirk - 432 W. Gregory | | | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 20 mins | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | DUE TO (b) Coronary Artery Disease | | | | | | 10 years | |
| | | DUE TO (c) Generalized Arterial Sclerosis | | | | | | 20 years | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY | | STATE | |
| 21. I attended the deceased from 9:35 1953 to 1956 and last saw ^{her} him alive on 30 Sept 56 Death occurred at 9:35 p. m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | | |
| 22a. SIGNATURE William C. Van Buskirk M.D. | | | | 22b. ADDRESS 418 Professional Bldg - KP Mo | | | | 22c. DATE SIGNED 30 Sept 56 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE 10-2-56 | | 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | | 23d. LOCATION (City, town, or county) (State) Kansas City, Mo. | | | |
| 24. FUNERAL DIRECTOR Melody-McGilley-Eylar | | | | ADDRESS Kansas City, Mo. | | 25. DATE RECD. BY LOCAL REG. 10-2-56 | | 26. REGISTRAR'S SIGNATURE Merna Minshall | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

William C. VanBuskirk, M.D.

MEDICAL CERTIFICATION

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.....
Signature of Student Embalmer

Signed *Melvin Bartlett*

Licensed Embalmer No. *49*

P. O. Address *KC 7*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.