

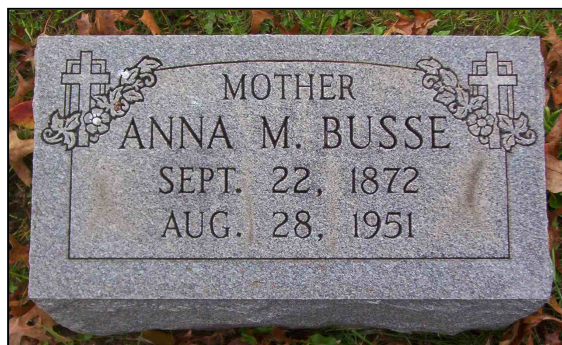
Busse, Anna Busse 1872 - 1951

Kentucky Post – September 3, 1951

Mrs. Anna Busse

Requiem High Mass will be sung at 9 a. m. Wednesday at St. Augustine Church for Mrs. Anna M. Busse, 79, who died early Saturday at her home, 1703 Banklick street, Covington. Prayers will be said at 8:30 a. m. at the Middendorf funeral home, 1 E. 12th street, Covington. Burial will be in Mother of God Cemetery.

She leaves a son, Joseph V. Busse, Covington; two grandsons, Louis Busse, Covington, and Paul Busse, Bonnie Leslie, and six great grandchildren.



Busse, Anna Busse 1872 - 1951

Form V-8 (1-A)		COMMONWEALTH OF KENTUCKY		51 20765	
FEDERAL SECURITY AGENCY		Department of Health		FILE NO. 116	
U. S. PUBLIC HEALTH SERVICE		BUREAU OF VITAL STATISTICS		REGISTRAR'S NO. 851	
NATIONAL OFFICE VITAL STATISTICS		CERTIFICATE OF DEATH		REGISTRATION District No. 790	
				Primary Registration District No. 2290	
1. PLACE OF DEATH a. COUNTY Kenton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Ky b. COUNTY Kenton			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Covington		c. CITY (If outside corporate limits, write RURAL and give township) TOWN Covington		d. FULL NAME OF HOSPITAL OR INSTITUTION Beth & Garrard	
e. LENGTH OF STAY (In this place)		f. STREET ADDRESS 17 E Banklick St		g. DATE OF DEATH (Month) (Day) (Year) 9 1 1951	
3. NAME OF DECEASED (Type or Print) a. (First) Anna		b. (Middle) Mary		c. (Last) Busse	
5. SEX Fe		6. COLOR OR RACE Wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	
8. DATE OF BIRTH 9/21/1871		9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) HOUSEWORK	
11. BIRTHPLACE (State or foreign country) Mentor, Ky.		12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Valentine Busse	
14. MOTHER'S MAIDEN NAME Regina ?		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT Louis V. Busse		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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Atherosclerotic Heart Disease</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Senility</i> DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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)		21e. INJURY OCCURRED WHILE AT WORK? () NOT WHILE AT WORK ()		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 29, 1949 to Sept 1, 1951, that I last saw the deceased alive on Aug 23, 1951, and that death occurred at 2 + m from the causes and on the date stated above.					
23a. DATE SIGNED 9/4/51		23b. ADDRESS 1044 Scott St Covington		23c. SIGNATURE John Z. Herget, M.D.	
24a. BURIAL CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9/5/51		24c. NAME OF CEMETERY OR CREMATORY Mother of Gods	
24d. LOCATION (City, town, or county) (State) Covington, Ky.		25a. DATE REC'D BY LOCAL REG. SEP 5 1951		25b. REGISTRAR'S SIGNATURE [Signature]	
26. FUNERAL DIRECTOR Middendorf		ADDRESS Cov. Ky.			