

*Busse, Elizabeth Henn 1860 - 1948*

Kentucky Post – April 19, 1948

**BUSSE**—Elizabeth (nee Henn), beloved wife of the late Henry Busse, at the residence of her son, Herman J. Busse, 208 Grand-av, Forest Hills, Covington, Saturday, April 17, 1948; age, 88 years. Funeral Tuesday, April 20, from the Linnemann Funeral Home, 25-27 E. 11th-st, at 8:15 a. m. Requiem High Mass at St. Anthony Church at 9 a. m. Interment Mother of God Cemetery.

Busse, Elizabeth Henn 1860 - 1948

Form V. S. 1-A  
DEPARTMENT OF COMMERCE  
Bureau of the Census

COMMONWEALTH OF KENTUCKY  
Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

State File No. **8256**  
Registrar's No. **393**

Registration District No. **790** Primary Registration District No. **6271**

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**1. PLACE OF DEATH:**

(a) County Kenton  
(b) City or town Covington - Rural  
(If outside city or town limits, write RURAL)  
(c) Name of hospital or institution:  
208 Grand Ave  
(If not in hospital or institution write street number or location)  
(d) Length of stay: In hospital or community 19 Yrs.  
(years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Ky (b) County Kenton  
(c) City or town Forest Hills - Cov. - Rural  
(If outside city or town limits, write RURAL)  
(d) Street No. 208 Grand Ave  
(If rural give precinct)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ year

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**3(a) FULL NAME** Elizabeth Busse

**3(b) If veteran,** \_\_\_\_\_ **3(c) Social Security** \_\_\_\_\_  
Name war \_\_\_\_\_ No. \_\_\_\_\_

**4. Sex** F **5. Color or race** Wh. **6(a) Single, widowed, married, divorced** Widow

**6(b) Name of husband or wife** Henry Busse  
**6(c) Age of husband or wife if alive** \_\_\_\_\_ Years

**7. Birth date of deceased** Jan. 16th 1860  
(Month) (Day) (Year)

**8. AGE:** Years 88 Months 3 Days 1 If less than one day \_\_\_\_\_ min.

**9. Birthplace** Kenton Co Ky

**10. Usual occupation** House Work

**11. Industry or business** At Home

**FATHER** { **12. Name** Henry Henn  
**13. Birthplace** Germany

**MOTHER** { **14. Maiden name** Elizabeth Braedel  
**15. Birthplace** Germany

**16(a) Informant's own signature** Herman J. Busse  
**(b) Address** Herman J Busse  
208 Grand Ave Forest Hills

**17. BURIAL, CREMATION, OR REMOVAL**  
**Place** Mother of God **Date** 4/30/48 19

**18(a) Signature of funeral director** H. Williamson  
**(b) Address** Covington Ky

**19(a)** APR 19 1948 **(b)** H. W. Williamson  
(Date received by local registrar) (Registrar's signature)

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**20. DATE OF DEATH** April 17th 1948 19

**21. I hereby certify that I attended the deceased from** April 17 1948  
to April 17 1948 that I last saw him alive on  
stated above at 11/45 A.M.

**MEDICAL CERTIFICATION**

**Immediate cause of death** Acute Coronary Thrombosis **DURATION** 20 min

**Due to** \_\_\_\_\_

**Other conditions** \_\_\_\_\_  
(Include pregnancy within 9 months of death)

**Major findings:** \_\_\_\_\_ 97A  
**Of operations** \_\_\_\_\_  
**Of autopsy** \_\_\_\_\_

**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? In or about home, on farm, in industrial place, in public place?  
(Specify type of place) \_\_\_\_\_

**While at work?** \_\_\_\_\_ (a) Means of injury \_\_\_\_\_

**23. Signature** P.H. Weaver M.D. **(M. D. or other)** \_\_\_\_\_  
**Address** Covington Ky **Date signed** April 19-48