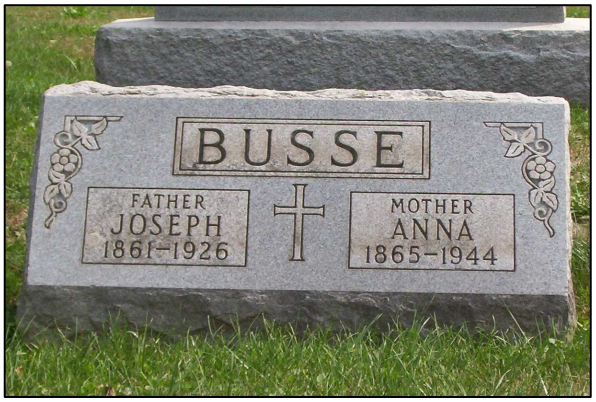
Kentucky Post – September 2, 1926

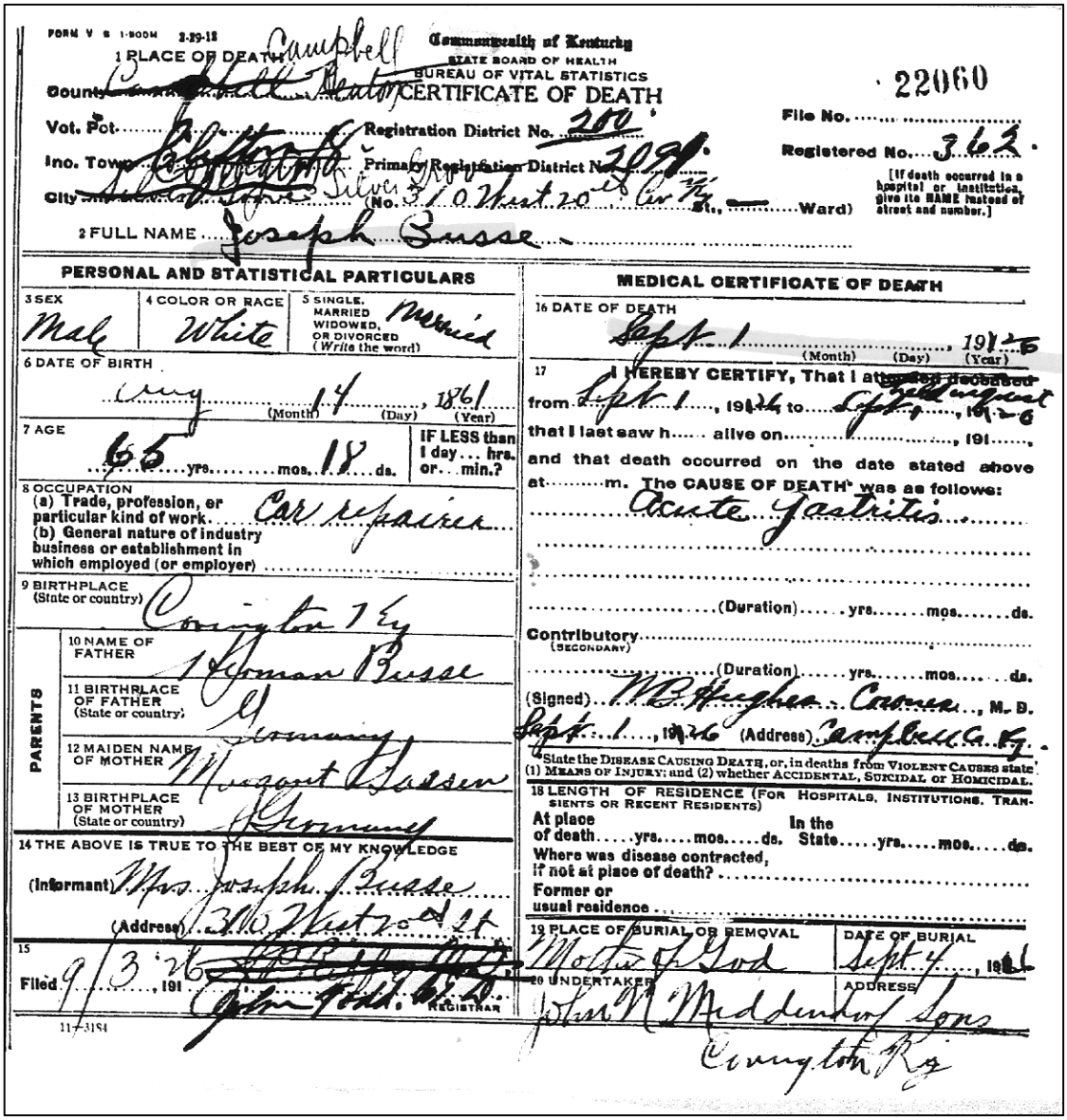
BUSSE SERVICES SET

Rites at Home, With High Mass at St. Augustine Church

Joseph Busse, 65, of 310 W. 20th st, Covington, who died suddenly Wednesday of acute indigestion while working at Silver Grove, will be buried Saturday morning.

Funeral will be held from the home at 8 o'clock. Requiem high mass will be intoned at St. Augustine Church at 8:30 o'clock. Burial will be in Mother of God Cemetery.





FORM V S 1-BOOM 2-29-12

1 PLACE OF DEATH Campbell Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
County Kenton CERTIFICATE OF DEATH
22060
Vot. Pct. 2nd Ward Registration District No. 200
File No.
Ino. Town Latonia Primary Registration District No. 209
Registered No. 362
City Silver Grove (No. 310 West 20th St., Cor 7th, — Ward)
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Joseph Busse

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married
6 DATE OF BIRTH: May 14, 1861 (Month) (Day) (Year)
7 AGE: 65 yrs. 4 mos. 18 ds. IF LESS than 1 day ... hrs. or ... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work: Car Repairer (b) General nature of industry business or establishment in which employed (or employer):
9 BIRTHPLACE (State or country): Covington Ky
PARENTS
10 NAME OF FATHER: Herman Busse
11 BIRTHPLACE OF FATHER (State or country): Germany
12 MAIDEN NAME OF MOTHER: Margaret Bassen
13 BIRTHPLACE OF MOTHER (State or country): Germany
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Joseph Busse
(Address) 310 West 20th St
15 Filed 9/3/26, 191 John Todd REGISTRAR
11-3151

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Sept 1 (Month) (Day) 1926 (Year)
17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1926 to Sept 1, 1926 that I last saw h... alive on ..., 191..., and that death occurred on the date stated above at ...m. The CAUSE OF DEATH* was as follows:
Acute Gastritis
(Duration) ... yrs. ... mos. ... ds.
Contributory (SECONDARY)
(Duration) ... yrs. ... mos. ... ds.
(Signed) W B Hughes Coroner, M. D.
Sept 1, 1926 (Address) Campbell Co. Ky.
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence
19 PLACE OF BURIAL, OR REMOVAL: Mother of God — DATE OF BURIAL: Sept 4, 1926
20 UNDERTAKER: John R Muddenthal Sons — ADDRESS: Covington Ky