

Busse, Joseph 1879 - 1924

Kentucky Post - May 2, 1924

BUSSE Joseph, the beloved son of the late Louis and Margaret Busse (nee Bruns, Thursday, May 1, at his home, 1917 Augustine av, Covington, Ky., aged 44 years. Funeral Monday, May 5, from the late residence at 7:30 a. m. Requiem high mass at St. Augustine's Church at 8 a. m. Interment in the Mother of God Cemetery. **HERRMANN**

Form V. S. 1-59m-3-25-23		COMMONWEALTH OF KENTUCKY		12230	
1 PLACE OF DEATH		State Board of Health		File No.	
County <u>Kenton</u>		BUREAU OF VITAL STATISTICS		Registered No. <u>435</u>	
Vot. Pct. <u>21</u>		CERTIFICATE OF DEATH		(If death occurred in a hospital or institution, give its NAME instead of street and number.)	
Inc. Town		Registration District No. <u>790</u>			
City <u>Covington</u>		Primary Registration District No. <u>2290</u>			
		(1917 Augustin Ave St. <u>5</u> Ward)			
2 FULL NAME <u>Joseph Busse</u>					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX	4 COLOR OR RACE	5 Single Married Widowed or Divorced (Write)	16 DATE OF DEATH		
Male	White	Single	May 1, 1924		
6 DATE OF BIRTH			17 I HEREBY CERTIFY, That I attended deceased from 192 to 192		
Aug. 12, 1879			that I last saw him alive on 192		
7 AGE	IF LESS than 1 day hrs. or min?		and that death occurred on the date stated above at 192		
44 yrs. 8 mos. 20 ds.			The CAUSE OF DEATH was as follows:		
8 OCCUPATION			Sudden Death		
(a) Trade, profession or particular kind of work	Carpenter		Voluntary Heart Disease		
(b) General nature of industry, business or establishment in which employed (or employer)			(Duration) yrs. mos. ds.		
9 BIRTHPLACE (State or country)	Covington. Ky		Contributory (Secondary)		
10 NAME OF FATHER	Lewis Busse		(Duration) yrs. mos. ds.		
11 BIRTHPLACE OF FATHER (State or country)	Germany		(Signed) <u>W. H. H. H. H. H.</u>		
12 MAIDEN NAME OF MOTHER	Margreat Bruns		(Address) <u>Murphy St. Ky.</u>		
13 BIRTHPLACE OF MOTHER (State or country)	Germany		State the Disease Causing Death, or, in Case of Violent Cause, State (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)		
(Informant) Mrs Elizabeth Pulekamp			at place of death yrs. mos. ds. In the State yrs. mos. ds.		
(Address) 1917 Augustin, Ave			Where was disease contracted, if not at place of death?		
15	Covington. Ky		Former or usual residence		
Filed 5/3	1924		19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL	
			Mother of God	May 5, 1924	
			20 UNDERTAKER	ADDRESS	
			John C. Widdendyke		

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