

Kentucky Post - June 28, 1952

Miss Josephine Busse

Requiem high mass will be sung Monday at 9 a. m. in St. Augustine Church for Miss Josephine Busse, 82, 2024 Florence Avenue, Cincinnati, a former Covington resident, who died Friday at home. Burial will be in Mother of God Cemetery, directed by Middendorf funeral home, 1 East Twelfth Street, Covington.

Miss Busse was a member of St. Cecilia Auxiliary, Knights of St. John, members of which will meet at the funeral home Sunday at 7:30 p. m. for prayers. She also held membership in the Poor Souls Society of St. Augustine Church.

Surviving are a sister-in-law, Mrs. Mayme Busse, Covington, and several nieces and nephews.

Busse, Josephine 1869 - 1952

OHIO DEPARTMENT OF HEALTH				39050	
DIVISION OF VITAL STATISTICS				State File No.	
CERTIFICATE OF DEATH				Registrar's No. 3680	
Reg. Dist. No. 3101		Primary Reg. Dist. No.		State File No. 39050	
Registrar's No. 3680		Primary Reg. Dist. No.		State File No. 39050	
1. PLACE OF DEATH a. COUNTY Hamilton			2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Ky. b. COUNTY Newton		
b. CITY (If outside corporate limits, write RURAL and give township) VILLAGE Cincinnati, Ohio.		c. LENGTH OF STAY (in this place) 1 yr. 7 mo. 24 d.	c. CITY OR VILLAGE (If outside corporate limits, write RURAL and give township) Covington		NR
d. FULL NAME OF HOSPITAL OR INSTITUTION (Home for the Aged)			d. STREET (If rural, give township) 921 West 19th St.		
3. NAME OF DECEASED (Type or print) a. (First) Josephine			b. (Middle)	c. (Last) Busse	4. DATE OF DEATH (Month) (Day) (Year) June 27 1952
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Feb. 13, 1870	9. AGE (In years last birthday) 82	Under 1 Year If Under 24 Hrs. Month Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) housekeeper		10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (State or foreign country) Covington, Ky.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Herman Busse			14. MOTHER'S MAIDEN NAME Margaret Sasson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE <i>Sister Marie Anne</i>		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Hemorrhage</i> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <i>Hypertension</i> DUE TO (c) 331X				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office building, forest, etc.)	21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from June 1952 , to June 27, 1952 , and that death occurred at m. , from the causes and on the date stated above.					
23a. SIGNATURE <i>Joseph</i>		(Degree or title) MD	23b. ADDRESS 336 Loanhull		23c. DATE SIGNED 7-1-52
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 6/30/52	24c. NAME OF CEMETERY OR CREMATORY Mother of God	24d. LOCATION (City, town, or county) (State) Covington, Ky		
Sub-Registrar's Signature			NAME OF EMBALMER Edgar Walter	(LIC. NO.) Ky. 2384	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUL 2 1952 <i>R. E. Weber MD</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Raymond C. Darrell</i>		(LIC. NO.) Midendorf Funeral Home Ky. 2844	