

Busse, Richard L 1943 - 1943

Form V. R. 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. **27587**
Registrar's No. **1115**

Registration District No. **790** Primary Registration District No. **2290**

1. PLACE OF DEATH:
(a) County Kenton
(b) City or town Covington
(c) Name of hospital or institution St. Elizabeth's Hospital
(d) Length of stay: In hospital or community _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kentucky (b) County Kenton
(c) City or town Covington
(d) Street No. 1526 Banklick
(e) If foreign born, how long in U. S. A.? 2 years

3(a) FULL NAME Richard Lee Busse
3(b) If veteran, Name war _____ 3(c) Social Security No. _____
4. Sex M 5. Color or race W 6(a) Single, widowed, married, divorced Single
6(b) Name of husband or wife _____
6(c) Age of husband or wife if alive _____ Years
7. Birth date of deceased Nov. 9 1943 (Month) (Day) (Year)
8. AGE: Years 0 Months 0 Days 29 If less than one day hr. min.
9. Birthplace Covington Kentucky
10. Usual occupation _____
11. Industry or business _____

FATHER
12. Name Louis Busse
13. Birthplace Covington Kentucky

MOTHER
14. Maiden name Ruth Neff
15. Birthplace Covington Kentucky

16(a) Informant's own signature Louis Busse
(b) Address 1526 Banklick St.

17. BURIAL, CREMATION, OR REMOVAL
Place Mother of God Date Nov 30 1943

18(a) Signature of funeral director J. N. Mendenhall
(b) Address 917 Madison St.

19(a) **DEC 3 1943** (Date received by local registrar) (b) Mrs. H. C. Stoltz (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH Nov 29 1943
21. I hereby certify that I attended the deceased from Nov 9 1943 to Nov 29 1943, that I last saw him alive on Nov 29 1943 and that death occurred on the date stated above at 9:00 A.M.
Immediate cause of death Diarrhoea DURATION 5 days
Due to undiagnosed virus infection
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: _____
Of operations 119 A
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? _____ (e) Means of injury _____
23. Signature John E. Hergel, M.D. (Physician)
Address 631 Madison Date signed 12/1/43