

REC'D NOV 21 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

34765

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City K. C. Mo. (d) Street No. 4438 Penn St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 4101

2. PRINT FULL NAME

(a) Residence, No. 4438 Penn St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Amelia E. Bucher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 2, 1851

7. AGE YEARS 87 MONTHS 1 DAYS 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Parkersburg, Va.

FATHER 13. NAME Samuel Bucher
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Margaret Stephens
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Parkersburg, Virginia

17. INFORMANT (ADDRESS) Maude A. Bucher

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Oct. 21, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John W. Wagner
Kansas City, Mo.

20. FILED Oct 21, 1938 M. M. Browne
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1938 to Oct 19, 1938

I last saw him live on Oct 19, 1938 Death is said to have occurred on the date stated above, at 11:15 pm

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset 4 weeks
Coronary occlusion
instantaneous

Other contributory causes of importance: 93C

Name of operation..... none Date of.....
 What test confirmed diagnosis?..... Examination Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury..... no
 Nature of injury..... no

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....

(Signed) M. B. Cashel M. D.
 (Address) 1727 Walnut St. K.C. Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. M. B. Casebolt

Rialto

VI 6031

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.