

REC'D DEC 8 1938

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

39537

Do not use this space.

1. PLACE OF DEATH

(a) County JEFFERSON Registration District No. 422
(b) Township CENTRAL Primary Registration District No. 5377
(c) City _____ (d) Street No. _____
(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 62 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. _____

2. PRINT FULL NAME

254 JOHN BUCHMILLER JR.
(a) Residence, No. Hillsboro Mo RR# 2 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) SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT 11 - 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 10 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMER
9. Industry or business in which work was done, as saw mill, bank, etc. OWN FARM
10. Date deceased last worked at this occupation (month and year) 8/30/38 11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HILLSBORO MO RR# 2

FATHER 13. NAME JOHN BUCHMILLER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER 15. MAIDEN NAME THERESA GONZ
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT (NAME) John K. Ottomeyer
(ADDRESS) Hillsboro Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE LADE (HARD) CEM DATE 9/2/38

19. FUNERAL DIRECTOR (NAME) J. B. Rimmer
(ADDRESS) Holly Springs Mo

20. FILED 10/5 38 Chas Marsden
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUGUST 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1938, to aug 30, 1938

I last saw him alive on aug 28, 1938. Death is said to have occurred on the date stated above, at 3:00 p.m.

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

Endocarditis (ac)

Date of onset

Jan. 1938

Other contributory causes of importance

arterio sclerosis1934

Name of operation _____ Date of _____
What test confirmed diagnosis Lab. Physicist Chicago Mo

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? NO Date of injury none, 19____

Where did injury occur? none
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____

(Signed) Dr. W. Walters, M. D.

(Address) 3608 8th

(Licensed Embalmer's Statement on Reverse Side)

WRITE PEARINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

I X14028

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.

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,

John H. Brunner

....., or by

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

Signed.....
John H. Brunner

Licensed Embalmer No. 1476

P. O. Address Henue Springs

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.