

JAN 6 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

43024
Do not use this space.

1. PLACE OF DEATH

(a) County GasconadeRegistration District No. 307(b) Township BoulevardPrimary Registration District No. 5425(c) City 1(d) Street No. 1

(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.

2. PRINT FULL NAME

HENRY WILLIAM BUSCHMANN(a) Residence, No. 255GASCONADE CO.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)

MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFLOUISA BUSCHMANN

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

Dec. 10, 1861

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

77014

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.

10. Date deceased last worked at this occupation (month and year) 193611. Total time (years) spent in this occupation 5012. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Bay
Missouri

FATHER

13. NAME

Kasten Buschmann14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Germany

MOTHER

15. MAIDEN NAME

Rebecca Elmann16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Germany17. INFORMANT
(ADDRESS)Louis Buschmann
Bay, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bay Zion'sDATE 12-27

1938

19. FUNERAL DIRECTOR
(ADDRESS)Hugo H. BlumerHermann, Missouri20. FILED 12-27

19

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Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Dec. 24th, 1938

22.

I HEREBY CERTIFY, That I attended deceased from Dec. 18th, 1938, to Dec. 24th, 1938I last saw him alive on Dec. 24th, 1938. Death is saidto have occurred on the date stated above, at 7:30 a.m.

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

Lobar Pneumonia

Date of onset

Dec 18th

Other contributory causes of importance:

Name of operation NoneDate of NoneWhat test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury None, 1938Where 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 NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

E. S. Rhodius

, M. D.

(Address)

Bay Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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.

50M-7-20-37
I X12004

STATEMENT BY LICENSED EMBALMER.

I, Hugo H. Blumer, Licensed Embalmer No. 3160
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Hugo H. Blumer
L. E.
No. 3160 or by _____
working under my personal supervision.

Signed

Hugo H. Blumer

Licensed Embalmer No. 3160

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.)