

REC'D MAR 15 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

6485

Do not use this space.

1. PLACE OF DEATH

(a) County Gasconade Registration District No. 305
 (b) Township Conasa Primary Registration District No. 5422
 (c) City _____ (d) Street No. _____ Registered No. 7
 (e) Length of residence in city or town where death occurred 12 yrs. mos. ds. (f) How long in U.S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 560 Marguerite Buchner St. Gasconade (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hugo Buchner
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
 7. AGE YEARS 32 MONTHS 1 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. X X
 10. Date deceased last worked at this occupation (month and year) 2-23-39 11. Total time (years) spent in this occupation 12 yrs.

12. BIRTHPLACE (CITY OR TOWN) Bland (STATE OR COUNTRY) Mo.

13. NAME Frank Mapels

14. BIRTHPLACE (CITY OR TOWN) Union (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Mary Ida Reed

16. BIRTHPLACE (CITY OR TOWN) Union (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Hugo Buchner
Rosebud Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rosebud Mo. DATE 3-6-39

19. FUNERAL DIRECTOR (NAME) E. Meyer (ADDRESS) Rosebud Mo.

20. FILED 314, 1939 Seith I. Barnes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-4, 1939

22. I HEREBY CERTIFY That I attended deceased from 2-24, 1939, to 3-4, 1939

I last saw her alive on March 4, 1939. Death is said

to have occurred on the date stated above, at 6 a.m.

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

1. Influenza 2. Toxic Hepatitis 3. Acute Pulmonary Edema - Terminal
 Date of onset 2-24-39
2-28-39
3-3-39

Other contributory causes of importance:
 1. Chronic Nephritis - Probably of several years duration

Name of operation _____ Date of _____

What test confirmed diagnosis? None 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 _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Paul Brown, M. D.

(Address) Owensville, Mo.

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.