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.

REG'D MAY 18 1939

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

14821
Do not use this space.

1. PLACE OF DEATH
(a) County Franklin — Registration District No. 297
(b) Township St. Johns — Primary Registration District No. 5414 — Registered No. 43
(c) City — (d) Street No. Washington, Mo. R.F.D. #2 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 6 yrs. ✓ mos. ✓ ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 260 George Henry Bueker.
(a) Residence, No. Washington, Mo R. F. D No. 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): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF * (OR) WIFE OF Katie Rolf Bueker.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 6 1869

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
69	7	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer.
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) Washington, Mo. 0

FATHER
13. NAME Henry Bueker. 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER
15. MAIDEN NAME Katie Steutermann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany,

17. INFORMANT (ADDRESS) Mrs/ Geo. H. Bueker. Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington, Mo. DATE Apr. 12, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Otto & Co. Washington, Mo.

20. FILED Apr. 12, 1939 H. A. May Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 10 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1937, to April 9, 1939
I last saw him alive on Apr 9, 1939. Death is said to have occurred on the date stated above, at 7.10 P.m.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset

92 D

Other contributory causes of importance:
Mitral + tricuspid insufficiency

Name of operation X Date of
What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury X, 19
Where did injury occur? X
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) O. L. Muench, M. D.
270 (Address) Washington Mo

(Licensed Embalmer's Statement on Reverse Side)

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, Henry W. Otto, or by .....

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

Signed Henry W. Otto

Licensed Embalmer No. 3560

P. O. Address Washington

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

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