

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

36369
Do not use this space.

1. PLACE OF DEATH
 (a) County Jasper Registration District No. 411
 (b) Township Jasper Primary Registration District No. 2002 Registered No. _____
 (c) City Joplin (d) Street No. 1302 Byers 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.
 660
 2. PRINT FULL NAME Adolph Bukher
 (a) Residence, No. 1302 Byers St. (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 male 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Jillie A.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 11 - 1875
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 5 24
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
 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 1

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5th 1939
 22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1939, to Oct 5, 1939
 I last saw him alive on Oct 4, 1939. Death is said to have occurred on the date stated above, 3:15 P.M.
 The principal cause of death and related causes of importance were as follows:
Prague's disease
hemorrhage - 13!
 Date of onset
 Other contributory causes of importance:
Hypertension & nephritis, etc.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 FATHER 13. NAME Andrew Bukher
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland
 MOTHER 15. MAIDEN NAME Anna Siga
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland
 17. INFORMANT (ADDRESS) Mrs. Jillie A. Bukher
Joplin mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview Cem. DATE 10-7-39
 19. FUNERAL DIRECTOR (ADDRESS) Humbert and Co
212 Joplin St. Joplin mo.
 20. FILED 10-10-39 Ed J... Local Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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?
 If so, specify _____
 (Signed) Dr. H. J. Werschetz
372 (Address) 2114 Joplin St.

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. Werschetz

RECEIVED

District Health Officer No. 6,

District File Number 1139-2257

Date Filed NOV 8 1939

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Steve D. Parker

Licensed Embalmer No. 25481

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.)