

19006

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUN 6 1940

Registration District No. 564Primary Registration District No. 5758Registrar's No. 12

## 1. PLACE OF DEATH:

(a) County Muller  
 (b) City or town Rural - Equality  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

8. (a) PRINT FULL NAME JOE F. BUECHTER 236

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Christine Buechter 6. (c) Age of husband or wife if alive 46 years7. Birth date of deceased July 24 - 1892  
(Month) (Day) (Year)8. AGE: Years 47 Months 10 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace St. Elizabeth, Mo  
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Joseph Buechter13. Birthplace Osage Co., Mo  
(City, town, or county) (State or foreign country)14. Maiden name Katherine Dolmest15. Birthplace unknown  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Henry Buechter(b) Address Osage, Mo.17. (a) Burial (b) Date thereof May-30-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Anthony Cemetery18. (a) Signature of funeral director St. Casey(b) Address Osage, Mo.19. (a) 5-31-40 (b) L. M. Garner  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Muller  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Osage, Mo. R#2  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 28  
year 1940 hour Don't know M.21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to 5/28, 1940

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above

Immediate cause of death neck broken Duration \_\_\_\_\_& chest crushed inautomobile wreck. NoDue to head on collision carleft highway. View injuredDue to by coroner.

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations noneOf autopsy none

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident(b) Date of occurrence 5/28/40(c) Where did injury occur? on highway 5 1/2 mi  
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
north of Suscuntra Mo

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature G. D. Waller (M. D. or other) \_\_\_\_\_Address Coroner, Eldon Mo Date signed 5/31/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

50M-5-17-39

REV. 5-17-39  
U. S. G. P. 1 X19511

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.

RECEIVED

Miller County Health Dept.

County File Number 40-63

Date Filed 6-4-40

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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.....

Laura Adams....., Registered Apprentice No. 211  
working under my personal supervision.

Signed [Signature].....

Licensed Embalmer No. 2694

P. O. Address Bria, MO.

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.