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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38267

DEC 12 1940 89

Primary Registration District No. 5131

Registrar's No. 350

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

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Rural Pleasant R-2
(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 2

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUTLER

(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. 4 mi S E Poplar Bluffs
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME W^M HENRY BUELTMAN

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 21 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

74 11 25 hr. _____ min.

9. Birthplace Cape Girardeau MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Christian Buelteman

13. Birthplace Hannover Germany
(City, town, or county) (State or foreign country)

14. Maiden name Mary Hamann

15. Birthplace Hannover Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Wm Gibbs

(b) Address R4 Box 50 Poplar Bluffs

17. (a) Remove (b) Date thereof Nov 17 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cape Girardeau MO

18. (a) Signature of funeral director N.T. Phelps

(b) Address Poplar Bluffs MO

19. (a) J.F. [Signature] (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 16
year 1940 hour 7 minute 0

21. I hereby certify that I attended the deceased from Sept - 40
_____ 19____ to Nov 16 1940
that I last saw him alive on Nov - 10 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Removal from stomach 2 wks

Due to Meas - Malignancy?

Due to _____

Other conditions 117 W
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy L

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) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
While at work? _____ (of Means of injury) _____

23. Signature [Signature] (M. D. or other) MD
Address Poplar Bluffs Date signed 11/16/40

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 K. J. Phelps
Licensed Embalmer No. 3231
P. O. Address Paplar Bluffs

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, fact should be so stated above.