

2-40  
-39  
X23159

STANDARD CERTIFICATE OF DEATH

State File No. 39573

DEC 17 1940

Registration District No. DEC 17 1940

Primary Registration District No. 740-5975

Registrar's No. 13

1. PLACE OF DEATH:

(a) County: Ray Co.  
(b) City or town: Crooked river Twp.  
(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:  
In this community: 45 years (Specify whether years, months or days) 2

3. (a) PRINT FULL NAME: Mary Theresa Buehler

3. (b) If veteran, name war: 3. (c) Social Security No.:

4. Sex: female 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: deceased years

7. Birth date of deceased: May 24-1866 (Month) (Day) (Year)

8. AGE: Years 73 1/2 Months 6 Days 26 hr. min.

9. Birthplace: St. Peter Mo (City, town, or county) (State or foreign country)

10. Usual occupation: House Keeper

11. Industry or business:

12. Name: Micholes & Frig. A.

13. Birthplace: France (City, town, or county) (State or foreign country)

14. Maiden name: Ida Quehley

15. Birthplace: Switzerland (City, town, or county) (State or foreign country)

16. (a) Informant: Mary Mullnix

(b) Address: Hardin, Mo. P. 2.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov-22-40 (Month) (Day) (Year)

(c) Place: burial or cremation: Woodbine Mo.

18. (a) Signature of funeral director: J. W. Knipoch

(b) Address: Hardin, Mo.

19. (a) 105-22-1940 (Date received local registrar) (b) R. L. Willyford (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County: Ray  
(c) City or town: Hardin Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No.:  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 20 day November year 1940 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from 11-13-40 to 11-20-40 that I last saw her alive on 11-20-40 and that death occurred on the date and hour stated above.

Immediate cause of death:

Coronary Occlusion

Duration 48 hours

Due to: 94 1/2

Due to:

Other conditions: Hypertension (Include pregnancy within 6 months of death)

Arterio Sclerosis

Major findings: Of operations:

Of autopsy:

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? 665

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

23. Signature: Carl H. Reed (M. D. or other)

Address: Hardin Mo. Date signed: 11-22-40

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

RECEIVED  
District Health Officer No. 8,  
District File Number 12-17-40  
Date Filed

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 me

....., Registered Apprentice No. ....

..... working under my personal supervision.

Signed

John W. Knipochild

Licensed Embalmer No.

2789

P. O. Address

Hardin 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, fact should be so stated above.