FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3182

Registration District No. 471 Primary Registration District No. 4284 Registrar's No. 4

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

5 4 0

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Pierce City (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. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55 4

(c) City or town Pierce City 0 (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.

3. (a) PRINT FULL NAME Edward Fredrick Buchner

3. (b) If veteran, name war 0

3. (c) Social Security No.

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lena Thielen Buchner

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Nov. (Month) 16 (Day) 1867 (Year)

8. AGE: Years 74 Months 2 Days 16 If less than one day hr. min.

9. Birthplace Alton (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business Implement dealer

FATHER
12. Name William Buchner
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Wilhelmena Fries
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Marie Buchner

(b) Address Pierce City Mo

17. (a) Pierce City (Burial, cremation, or removal) (b) Date thereof 2 (Month) 4 (Day) 41 (Year)

(c) Place: burial or cremation St. Marys Cemetery

18. (a) Signature of funeral director [illegible]

(b) Address

19. (a) Feb. 2 (Date received local registrar) (b) E B Wright (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1 year 1941 hour 12 minute 05 A M.

21. I hereby certify that I attended the deceased from Jan. 7, 1937, to Feb 1, 1941; that I last saw him alive on Feb 1, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Embolism	5 min
Due to	
Due to	
Other conditions Coronary Occlusion (Include pregnancy within 3 months of death)	4 yrs

94 W

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) None

(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)

4 0 0

While at work? (e) Means of injury

23. Signature Lmason Lyons (M. D. ~~or other~~) 0

Address Pierce City, Mo Date signed 2/1/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 241 — 263
Date Filed FEB 11 1947

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 Wm Howell Jr

Licensed Embalmer No. 1512

P. O. Address Pierce City, 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.

No. 2B
-2-21-40
I X22659

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

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BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3182

Registration District No. 471 Primary Registration District No. 4284 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Lawrence

(b) ~~City or town~~ Pierce City Town
(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. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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.? years.

3. (a) PRINT FULL NAME Edw Frederick Buchner

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased Nov (Month) 16 (Day) 1867 (Year)

8. AGE: Years 73 Months 2 Days 16 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) 8-29-41 (Date received local registrar) (b) E B W[illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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

23. Signature L Mason Lyons (M. D. or other)
Address Pierce City Mo Date signed