

FILED FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 4100
Registrar's No. _____Registration District No. 1037Primary Registration District No. 6012

1. PLACE OF DEATH:

(a) County St. Clair Rural
(b) City or town Park Mo.
(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 Jno. Henry Buehars

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

4. Sex m 5. Color or race wh 6. (a) Single, widowed, married, divorced 2 widowed6. (b) Name of husband or wife Jennie 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased Mar 19 1861
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
79 7 27 hr. min.9. Birthplace Mo
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business _____

12. Name Phos. Buehars13. Birthplace Jennil 1
(City, town, or county) (State or foreign country)14. Maiden name Selma Winkler15. Birthplace 9 Unknown
(City, town, or county) (State or foreign country)16. (a) Informant Effie Diet(b) Address Gunley, Mo.17. (a) burial (b) Date thereof 11/18/41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Bethem Cem18. (a) Signature of funeral director R. Farley(b) Address Wheatland, Mo.19. (a) 2 1941 (b) Mrs W. Hudson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Clair 93
(c) City or town Park - Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16
year 1941 hour 10 minute 15 M.21. I hereby certify that I attended the deceased from May 1940 to Jan - 16 - 1941;
that I last saw him alive on Oct. 20 - 1940
and that death occurred on the date and hour stated above.Immediate cause of death Paraplegia Duration 10-20-40Due to Cerebral Hemorrhage

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

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? 6917While at work? _____ (Specify type of place)
(a) Means of injury _____23. Signature A. S. Johnston (M. D. or other) 02410
Address Wheatland, Mo Date signed 1-17-41

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

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0
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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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

J. R. Luckey

Licensed Embalmer No. *2987*

P. O. Address

Whittard 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.