

1. PLACE OF DEATH:

(a) County GASCONADE
(b) City or town OWENSVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
OWENSVILLE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 78-7-12
years, months or days

3. (a) PRINT FULL NAME CAROLINA BUEKER

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife RUDOLPH BUEKER 6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased AUG. 12 1862
(Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 12 If less than one day hr. _____ min. _____

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

10. Usual occupation HOUSE-WIFE

11. Industry or business _____

MOTHER FATHER { 12. Name FRITZ WITTE
13. Birthplace _____ GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name KATIE LANDWEHR
15. Birthplace _____ GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. F. Hattenstreich
(b) Address Owensville Mo.

17. (a) BURIAL (b) Date thereof 3-29-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation ST. PAUL CEM. GERALD MO.

18. (a) Signature of funeral director H. F. Hattenstreich
(b) Address OWENSVILLE

19. (a) 3-24-41 (b) Robert M. Murray
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GERALD
(c) City or town GERALD
(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.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 24
year 1941 hour 6 minute 20 P. M.

21. I hereby certify that I attended the deceased from FEB. 16, 1941, to MARCH 24, 1941;
that I last saw her alive on MARCH 24, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Ventricular Dilatation Duration 1 day
Due to Chronic Myocarditis 5 yrs.

Due to Arteriosclerosis ± 5 yrs.

Other conditions (Include pregnancy within 3 months of death) 9/27

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? _____

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

23. Signature Paul A. Berman, M.D. (M. D. or other) (1)
Address Owensville, Mo. Date signed 3-26-41

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

Wilford H. H. Winter

Licensed Embalmer No.

3838

P. O. Address

Owensville 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.