

Registration District No. 677

Primary Registration District No. 4403

Registrar's No. 79

1. PLACE OF DEATH:

(a) County: Phelps, Mo
(b) City or town: Paola, Mo
(c) Name of hospital or institution: Highway #66-4 miles west of Paola, Mo
(d) Length of stay: In hospital or institution
In this community: years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Phelps, Mo
(c) City or town: Kansas City, Mo
(d) Street No.: 4220 Waddell St N.C.Mo
(e) If foreign born, how long in U. S. A.: 1 years

3. (a) PRINT FULL NAME: Robert Bucher

3. (b) If veteran, name war: No
3. (c) Social Security No.: 495-09-6048

4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Bernadine Bucher
6. (c) Age of husband or wife if alive: 31 years

7. Birth date of deceased: May 6, 1915 (Month) (Day) (Year)

8. AGE: Years: 25 Months: 10 Days: 31 hr. min.

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

10. Usual occupation: Fireman

11. Industry or business: Camp Leonard, Mo

12. Name: Harry S Bucher

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

14. Maiden name: Cora Yeager

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

16. (a) Informant: Mrs Bernadine Bucher
(b) Address: 4220 Waddell St N.C.Mo

17. (a) Removal (burial, cremation, or removal) (b) Date thereof: May 3, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill N.C.Mo

18. (a) Signature of funeral director: M. Paul General
(b) Address: Paola, Mo

19. (a) Date: May 1, 1941 (Date of local registrar)
(b) Signature: J. F. Ayers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 30 year: 1941 hour: 10 P.M. minute: M.

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

Immediate cause of death: Fractured skull
Ante-mortem attack
Due to: Automobile collision
Due to: Coronary thrombosis
Other conditions: Pending
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations: No autopsy
Of autopsy:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify):
(b) Date of occurrence: 5/1/41
(c) Where did injury occur?:
(d) Did injury occur in or about home, on farm, in industrial place, in public place?:
(e) Signature: R. S. Mull (M.D. or other)
Address: Paola, Mo Date signed:

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

MURIAL

#5

17026
95

RECEIVED

District Health Officer No. 5,

District File Number 54/1687

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 _____

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

Signed R. J. R. Law

Licensed Embalmer No. 3953

P. O. Address Pollo

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 15300Registration District No. 677Primary Registration District No. 4403

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Phelps
 (b) City or town Pallen
 (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)3. (a) PRINT FULL NAME Robert Buckner

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 _____ year

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
25 10 24 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____ (State or foreign country)

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month apr day 20
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above

Immediate cause of death fracture Duration _____skullDue to Automobile CollisionDue to Cooper's investigationPenchingOther conditions _____
(Include pregnancy within 3 months of death)Major findings: Crushed skull and PHYSICIAN _____9 operations: ChestTruck + Car collision

Of autopsy _____

Underline
Cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident(b) Date of occurrence Apr 30 - 1941(c) Where did injury occur? Pallen Phelps Mo
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?
no on Highway 66While at work? no (e) Means of injury Auto23. Signature R. S. Nuel (M. D. or other) _____Address Pallen Mo Date signed _____

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

MOTHER FATHER

SUPPLEMENTARY

JAN 1 1946

S-15500