

FEDERAL BUREAU OF CENSUS
SEP 9 1941

Dr. Ossman 213

Registration District No. _____

Primary Registration District No. **3014**Registrar's No. **250**

1. PLACE OF DEATH:

(a) County Cole Jefferson City
 (b) City or town Rural - Clark Township
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Mary's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 days
 In this community 8 days 0
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. R.F.D.#1, Eugene, Missouri
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Kunigunda M. Bubach

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 married
 6. (b) Name of husband or wife Joseph A. Bubach 6. (c) Age of husband or wife if alive 61 years
 7. Birth date of deceased Sept-- 24 1876
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 11 2 hr. min.

9. Birthplace Honey Creek, Missouri 0
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Ernest Fischer
 { 13. Birthplace Germany 4
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Rosie Propst
 { 15. Birthplace Germany 4
 (City, town, or county) (State or foreign country)

16. (a) Informant Joseph C. Bubach(b) Address R.F.D.#1, Eugene, Missouri17. (a) Burial (b) Date thereof Aug-2-8-1941
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation River View Cemetery18. (a) Signature of funeral director Thos J Gadin(b) Address Jefferson City, Missouri19. (a) Aug 27-41 (b) Thos J Gadin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Aug day 27
year 1941 hour 4 minute — A.M.21. I hereby certify that I attended the deceased from Aug 18, 1941, to Aug 27, 1941;that I last saw her alive on Aug 26, 1941;
and that death occurred on the date and hour stated above.Immediate cause of death Uremic ComaDue to Chronic NephritisDue to Hypertensive Heart DiseaseOther 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 J. C. Ossman (M. D. or other) _____Address J. C. Ossman Date signed 8-27-41

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

Signed *Shoy J Gordon*
Licensed Embalmer No. *1286*
P. O. Address *Jefferson City Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)
If this body is not embalmed, fact should be so stated above.