

S. No. 2  
M-9-4-41  
ev. 5-17-39  
I X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 1476

Primary Registration District No. 5796

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Morgan

(b) City or town Rural Richland Twp.  
(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  
years, months or days) (Specify whether

In this community..... (Yes or No)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan 71

(c) City or town Rural 0  
(If outside city or town limits, write "RURAL")

(d) Street No. South-west of Florence 0  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) 0  
If yes, name country.....

3. (a) PRINT FULL NAME Didrich Henry Bultemeier

MEDICAL CERTIFICATION

3. (b) If veteran, name war..... 3. (c) Social Security No. ....

20. DATE OF DEATH: Month May day 27 th. year 1942 hour 1 minute 50A. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Cordia Bultemeier 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Jan. 2 1869  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 5 42 to May 27 42, 1942  
that I last saw him alive on May 26 42, 1942, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>4</u>	<u>25</u>	hr. min.

Immediate cause of death Cerebral Arteriosclerosis

Due to.....

Due to.....

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

Other conditions (Include pregnancy within 3 months of death)

Duration 97

10. Usual occupation Farmer

11. Industry or business.....

PHYSICIAN

Major findings: Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Henry Bultemeier

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

14. Maiden name Bettie Otten

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

16. (a) Informant Henry Bultemeier  
(b) Address Sweet Springs, Mo.

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, about, or on (a) farm, in industrial place, in public place?.....

17. (a) Burial (b) Date thereof May 29 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Florence Cemetery

While at work?..... (Specify type of cause)

(e) Means of injury.....

18. (a) Signature of funeral director Rapp & Swinson  
(b) Address Stover, Mo

19. (a) May 30 42 (b) Henry Rapp  
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other)  
Address [Signature] Date signed 5/18

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

71  
00

RECEIVED

District Health Officer No. 7,

District File Number 6-42-662

Date Filed 6-12-42

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

*Jewell Stevenson*

Licensed Embalmer No. 4073

P. O. Address Stover, 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, fact should be so stated above.