

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

**1. PLACE OF DEATH:**  
 (a) County Jackson,  
 (b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Lakeside Hospital, 0  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 day  
(Specify whether all his life, years, months or days)

**3. (a) PRINT FULL NAME** Oliver George Buehler,

3. (b) If veteran, name war no. 3. (c) Social Security No. 499-07-7369

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

6. (b) Name of husband or wife Faye Buehler, 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased February 3 1902  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>40</u>	<u>10</u>	<u>22</u>	hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Stonecutter,

11. Industry or business X

**MOTHER FATHER** {  
 12. Name Fred C. Buehler,  
 13. Birthplace Missouri (City, town, or county) 0 (State or foreign country)  
 14. Maiden name Faye E. Dolbow,  
 15. Birthplace Illinois, (City, town, or county) 1 (State or foreign country)

16. (a) Informant Mrs. Faye Buehler,

(b) Address 2914 Brooklyn, Kansas City, Mo.

17. (a) Burial (b) Date thereof 12-28-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery,

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 12-28-42 (b) Mrs. M. Brown  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jackson,  
 (c) City or town Kansas City,  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2914 Brooklyn,  
(If rural, give location)  
 (e) Citizen of foreign country? no. (Yes or No)  
 If yes, name country X

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month December day 25th  
 year 1942 hour 7:25 minute P. M.

21. I hereby certify that I attended the deceased from July 20  
 1942 to Dec 25 1942

that I last saw h. alive on Dec 25 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death hypostate terminal pneumonia  
 Duration 3 days

Due to Endocarditis 9 mon  
Mitral valve incompetency 9 mon  
and aortic incompetency 10 mon  
 Due to infected teeth

Other conditions Tuberculosis (Wassermann +) unknown  
(Include pregnancy within 3 months of death)

Major findings: 309  
 Of operations  
 Of autopsy none

**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) Season of injury.....

23. Signature Harvey E. Schorn (M. D. or other) MO  
 Address 243 W. 17th St. Kansas City Date signed 12-28-42

*Spencer - Wesley Reed  
11-12-2-5*

---

---

**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 *[Signature]* .....

Licensed Embalmer No. *1413* .....

P. O. Address *K. P. 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.**