

LED JUL 8 1943
Registration District No. **113**

Primary Registration District No. **5467**

Registrar's No. **129**

009
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: **GREENE**

(a) County **Rural Robberson, Twshp.**

(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Sac River 3**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 Hours**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: **Greene 39**

(a) State **Missouri** (b) County **Greene 2**

(c) City or town **Springfield 6**
(If outside city or town limits, write "RURAL")

(d) Street No. **1843 College**
(If rural, give location)

(e) Citizen of foreign country? **1** (Yes or No)
If yes, name country **1**

3. (a) PRINT FULL NAME **James Roy Buehler**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **no**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive **14** years (Year) **1935**

7. Birth date of deceased **Sept. 14** (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	7	9	6	hr. min.

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

10. Usual occupation **Student**

11. Industry or business

MOTHER FATHER { 12. Name **Phillip J. Buehler**

13. Birthplace **Aurora, Missouri**
(State or foreign country)

14. Maiden name **Helen Stark**
(City, town, or county) (State or foreign country)

15. Birthplace **Verona Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Phillip J. Buehler**

(b) Address **Springfield, Mo.**

17. (a) **Burial** (b) Date thereof **June 22, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Mary Cemetery**

18. (a) Signature of funeral director **H.H. Lohmeyer**

(b) Address **Springfield, Mo.**

19. (a) **June 23, 1943** (b) **Mrs. Bernice White**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **20**
year **1943** hour **7** minute **45** P.M.

21. I hereby certify that I attended the deceased from **No Physician in attendance** 19...
that I last saw **1** alive on 19...
and that death occurred on the date and hour stated above.

Immediate cause of death **drowning**
Waded into deep water

Due to **183-3**

Due to **26**

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations

Of autopsy

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) **Accident 139**

(b) Date of occurrence **June 20, 1943**

(c) Where did injury occur? **Sac River** (City or town) **Greene** (County) **Mo** (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Sac River (Specify type of place)

While at work? **no** (e) Means of injury **drowning**

23. Signature **Anna L Stone** (M. D. or other)
Address **Springfield Mo** Date signed **6-22-43**

RECEIVED

Greene County Health Office,

County File Number 43-7-76

Date Filed 7/6/43

*Mrs. Lillian B. had
R. in 193
City*

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 Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield 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.