S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

41561

State File No.

FILED JAN 5 1944

Registration District No. 12

Primary Registration District No. 1000

Registrar's No. 1431

**1. PLACE OF DEATH:**

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mercy Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 hours (Specify whether
In this community 40 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph 7
(If outside city or town limits, write "RURAL")

(d) Street No. 1217 North 10th. Street.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Willard Frederick Bucher

3. (b) If veteran, name war No

3. (c) Social Security No None

4. Sex male

5. Color or race white 0

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Olive Bucher

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased October (Month) 14 (Day) 1881 (Year)

8. AGE: Years 62 | Months 1 | Days 25 | If less than one day ___ hr. ___ min.

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

10. Usual occupation Optometrist & Orthoptist

11. Industry or business

FATHER
12. Name John Bucher
13. Birthplace Oregon (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Sarah Holderman
15. Birthplace Oregon (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Olive Bucher

(b) Address 1217 No.10th.St.St.Joseph,Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/15/1943 (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Faraon, St. Joseph, Mo.

19. (a) 12-15-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month December day 9th. year 1943 hour 11:35 minute P. M.

21. I hereby certify that I attended the deceased from 11-9-43, 19__, to 11 9, 1943; that I last saw him alive on 11-9, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Acute Indigestion

Due to Typo

Other conditions Acute Cardiac
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

11813

Duration

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 Will W. Grow DO (M. D. or other)

Address 222 Logan St. St Joseph Mo Date signed 12/11/43

12 23

(Licensed Embalmer's Statement on Reverse Side)

## 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 Elbert E. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Missouri.

**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.**