

7. S. No. 2
DOM-5-43
Rev. 5-17-39
I X38671

FILED FEB 11 1944

State File No.

Registration District No. 204

Primary Registration District No. 5739

Registrar's No.

1. PLACE OF DEATH:

(a) County Macon

(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: 1
(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) 65 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon

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

(d) Street No. (If rural, give location)

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

If yes, name country.

3. (a) PRINT FULL NAME Francis Forest Bueck

3. (b) If veteran, name war L

3. (c) Social Security No. 497-18-6128

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13 year 1944 hour 4 minute a.m.

21. I hereby certify that I attended the deceased from June 1, 1943 to Jan 13, 1944 and that I last saw him alive on Dec 10, 1943 and that death occurred on the date and hour stated above.

4. Sex m 5. Color or race W

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

6. (b) Name of husband or wife Bueck

6. (c) Age of husband or wife if alive. years (Day) (Year) 5-1871

7. Birth date of deceased Jan 5-1871
(Month) (Day) (Year)

Immediate cause of death Mitral heart disease -

Duration

8. AGE: Years 73 Months 13 Days 13 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

Due to

Due to

Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)

11. Industry or business

12. Name Arson Bueck

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

14. Maiden name Catherine Dickerson

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

Major findings: 131 f

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Emma Ruth Carpenter

(b) Address La Plata Missouri

17. (a) Burial (b) Date thereof Jan 15-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation La Plata

18. (a) Signature of funeral director P. J. Christie

(b) Address La Plata Mo

19. (a) Jan 15-44 (b) Anna Leuch
(Data received local registrar) (Registrar's signature)

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?

While at work? H.O. Newton (Specify type of place) (e) Means of injury

23. Signature H.O. Newton (M. D. or other)

Address La Plata Mo Date signed 1/10/44

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

61
00

1039

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.....

D. S. Christie

Licensed Embalmer No.

1109

P. O. Address.....

70 Plata 2407

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.