

FILED JUN 20 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 5594

Registrar's No. 16-16

1. PLACE OF DEATH:

(a) County Jefferson  
(b) City or town Rural Hillsboro Mo. RR#2  
(If outside city or town limits, write "RURAL")  
(c) Name of hospital or institution: Own Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 40 years Specify whether \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jefferson  
(c) City or town Rural 50  
(If outside city or town limits, write "RURAL")  
(d) Street No. Hillsboro Mo. RR#2 - 5 Mi. S. Hillsboro  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CERTRUDE KLEY (BUCHMILLER)

3. (b) If veteran, name war None 3. (c) Social Security No. none

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Andrew Kley 6. (c) Age of husband or wife if alive 48 years  
7. Birth date of deceased May 15 - 1887  
(Month) (Day) (Year)

8. AGE: Years 57 Months 5 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Hillsboro RR#2 Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business Own Home

12. Name William Buchmiller Jr

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

14. Maiden name Mary E. Atkinson

15. Birthplace Jefferson Co. Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Leiter W. Kley

(b) Address Hillsboro Mo. RR#2

17. (a) Burial (b) Date thereof 6-1-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burgess Cem. Antona Ill

18. (c) Signature of funeral director John Brummer

(b) Address House Springs Mo

19. 29 May 1944 (b) J. J. Goussard  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29  
year 1944 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Gun shot wound from hands of Fredrick Raymond De Faus  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) homicide

(b) Date of occurrence May 29 1944

(c) Where did injury occur? Hillsboro RR#2 (off) Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place or in public place?  
At home

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury Gunshot

23. Signature Donald B. Dietrich

Address W. Va. Date signed 6/30/44

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

5000

36P

31-01

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-19-44

**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.....

*John H. Brunner*

Licensed Embalmer No. 1470

P. O. Address: House Springs 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.**