S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1944

Registration District No. 3

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37415

Primary Registration District No. 4080

Registrar's No. 101

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Norborne. Mo. ~~Egypt.~~
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 33 days. (Specify whether years, months or days)
In this community Eighty Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll 17

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

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

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

3. (a) PRINT FULL NAME Deadrich Buchholz.

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 Widowed

6. (b) Name of husband or wife none

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

7. Birth date of deceased January (Month) 2 (Day) 1858 (Year)

8. AGE: Years 86 | Months 10 | Days 25 | If less than one day ___ hr. ___ min.

9. Birthplace Hanover Germany. (City, town, or county) Foreign (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business

FATHER
12. Name Henry. Buchholz.
13. Birthplace Hanover Germany. (City, town, or county) Foreign (State or foreign country)

MOTHER
14. Maiden name Doraha Renzleman.
15. Birthplace Sacher Germany (City, town, or county) Foreign (State or foreign country)

16. (a) Informant R. H. Buchholz
(b) Address Norborne Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-29-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Luthern Cemetery.

18. (a) Signature of funeral director John Dietch
(b) Address Norborne Mo

19. (a) Nov 28-44 (Date received local registrar) (b) John G. Dietch Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25th year 1944 hour 10:00 minute 35 P.M.

21. I hereby certify that I attended the deceased from August 23, 1940, to November 25, 1944 that I last saw him alive on November 25, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Prostatitis	?
Due to: Senile hypertrophy	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

137 b

Major findings:
Of operations none
Of autopsy not performed

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 Ralph T. Haskell (M. D. or other) MD
Address 211 South Pine, Norborne, Mo Date signed 11-27-44

(Licensed Embalmer's Statement on Reverse Side)

1053 Mrs James Raffety Registrar

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 12-8-44

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 Me, Registered Apprentice No., working under my personal supervision.

Signed John G Dietch

Licensed Embalmer No. 3654

P. O. Address Neosho 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.