

FILED JAN 3 1945
Registration District No. **117**

Primary Registration District No. **5442**

Registrar's No. **9**

1. PLACE OF DEATH:

(a) County **Gasconade**
(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:
Perishing, Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **9 years**
(Specify whether years, months or days)
In this community **9 years**

3. (a) PRINT FULL NAME **JOHANNA BUECKER**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **2 widowed**
6. (b) Name of husband or wife **Wm Buecker** 6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **March 26 1864**
(Month) (Day) (Year)

8. AGE: Years **80** Months **9** Days **4** If less than one day
hr. min.

9. Birthplace **Cooper Hill Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired housewife**

11. Industry or business

12. Name **Henry Schulte** 13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Etha Eden** 15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Chas. Tschappler**
(b) Address **Perishing, Mo**

17. (a) **Burial** (b) Date thereof **1-1-45**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Perishing, Mo.**

18. (a) Signature of funeral director **Hugo H. Blumer**
(b) Address **Hermann, Mo**

19. (a) **Dec. 30/44** (b) **A. H. Liedler**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Gasconade**
(c) City or town **Rural--Richland Twp**
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **30**
year **1944** hour **2** minute **00** M.

21. I hereby certify that I attended the deceased from **Dec 29 - 1944 to Dec 30, 1944**
that I last saw her alive on **Dec 29 - 1944**
and that death occurred on the date and hour stated above.
Immediate cause of death **Apoplexy** Duration

Due to **Arteriosclerosis**

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).
(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? (Specify type of place) (e) Means of injury

23. Signature **Howard Horkman** (M. D. or other)
Address **Hermann Mo** Date signed **12-30-44**

RECEIVED

District Health Officer No. 9

District File Number.....

Date Filed 1-2-45

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.....

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.