

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9604

State File No. _____

FILED APR 7 1945

Registration District No. _____

Primary Registration District No. 4188

Registrar's No. 122

1. PLACE OF DEATH:

(a) County Osceola
(b) City or town Quensville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 4 months years, months or days

3. (a) PRINT FULL NAME

RUDOLPH BUEKER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife CAROLINA (WITTE) BUEKER 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August (Month) 20 (Day) 1858 (Year)

8. AGE: Years 86 Months 6 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired farmer

11. Industry or business

12. Name Phillip Bueker 11
13. Birthplace _____ (City, town, or county) Germany (State or foreign country)
14. Maiden name Not known
15. Birthplace _____ (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. W. F. Gottenstrater
(b) Address Quensville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 18 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Gerald St. Paul's Cemetery

18. (a) Signature of funeral director Millard H. H. Wentzel

(b) Address Quensville, Mo.

19. (a) March 17 1945 (Date received local registrar) (b) Myrtle M. Wenzel (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Gerald 36 (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 March day 15 year 1945 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from 2-20, 1945, to 3-15, 1945; that I last saw him alive on 3-14, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 2 yrs.

Due to _____
Due to _____

Other conditions Arteriosclerosis, Advanced Syrs.
(Include pregnancy within 3 months of death)

Major findings: Of operations None Of autopsy None A Z W
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 Percy A. Brunner (M. D. or other) MD
Address Quensville, Mo. Date signed 3-16-45

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

1287

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-6-45

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

Signed

Myford H.H. Winter

Licensed Embalmer No.

3838

P. O. Address

Owensville 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.