

**FILED JUN 13 1946**

Primary Registration District No. 5530

Registrar's No. 70

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

1. PLACE OF DEATH:

(a) County Holt

(b) City or town Rural Mound City, Mo.  
(If outside city or town limits, write "RURAL" and a 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 \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Holt

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

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

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Chris Buetzer

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 19 day May  
year 1946 hour 3 minute PO M.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

21. I hereby certify that I attended the deceased from May 19, 1946 to May 19, 1946  
that I last saw him alive on May 19, 1946  
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widower

6. (b) Name of husband or wife deceased 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov. 10, 1855  
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage

Duration 3 hrs

8. AGE:	Years	Months	Days	If less than one day
	<u>90</u>	<u>6</u>	<u>9</u>	_____ hr. _____ min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

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

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

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name John Buetzer

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

14. Maiden name Unknown

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

16. (a) Informant Blaine Buetzer

(b) Address Mound City, Mo.

17. (a) Mound City (b) Date thereof 5/22/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation North Bethel Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Mound City, Mo.

19. (a) 5-22-46 (b) [Signature]  
(Date 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? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M-D. or other) MD

Address Mound City, Mo Date signed 5-21-46

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

**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..... *James H. Pettijohn* .....

Licensed Embalmer No. *31192* .....

P. O. Address. *Oregon 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.**