

S. No. 2  
DM-2-43  
v. 5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19939**

**FILED** JUL 12 1945

Registration District No. *118*

Primary Registration District No. *4188*

Registrar's No. *17*

1. PLACE OF DEATH:

(a) County *Luzerne*  
(b) City or town *Chevensville*  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: *1*  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community *About 50 years.* (Specify whether years, months or days)

3. (a) PRINT FULL NAME *MARIE BUCHHOLZ*

3. (b) If veteran, name war *-* 3. (c) Social Security No. *-*

4. Sex *Female* 5. Color or race *White* 6. (a) Single, widowed, married, divorced *widowed*  
6. (b) Name of husband or wife *Frank Buchholz* 6. (c) Age of husband or wife if alive *mid*  
7. Birth date of deceased *December 22 1866*  
(Month) (Day) (Year)

8. AGE: Years *79* Months *5* Day *25* If less than one day *-* hr. *-* min.

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

10. Usual occupation *Housework*

11. Industry or business

MOTHER FATHER { 12. Name *Henry Poppenhouse*  
13. Birthplace *Indiana* (City, town, or county) (State or foreign country)  
14. Maiden name *Adeline Zuehlke*  
15. Birthplace *Indiana* (City, town, or county) (State or foreign country)

16. (a) Informant *Victor Buchholz*  
(b) Address *Chevensville Mo.*

17. (a) *Burial* (b) Date thereof *6 20 1946*  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *City Cem. Chevensville Mo.*

18. (a) Signature of funeral director *Michael H. H. Winter*

(b) Address *Chevensville Mo.*

19. (a) *7-10-46* (b) *Dorothy Holman*  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* (b) County *Luzerne* *37*  
(c) City or town *Chevensville* *2*  
(If outside city or town limits, write "RURAL") *0*  
(d) Street No. *0*  
(If rural, give location) *0*  
(e) Citizen of foreign country? *No.* (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *June* day *17*  
year *1946* hour *10* minute *45 A.M.*  
21. I hereby certify that I attended the deceased from *6-23* 19*46* to *6-17* 19*46*  
that I last saw her alive on *6-16* 19*46*  
and that death occurred on the date and hour stated above.

Immediate cause of death *Right Hemiplegia* Duration *2 dys.*  
Due to *Advanced Arteriosclerosis* *5 yrs.*

Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations *None*  
Of autopsy *None*

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 *0*

23. Signature *Paula Brenner* (M. D. or other) *MD*  
Address *Chevensville, Mo.* Date signed *6-20-46*

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

7  
2  
0

1866

363

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
District Health Officer No. 9,  
District File Number.....  
Date Filed 2-11-46

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 [Signature]  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed [Signature]  
Licensed Embalmer No. 3838  
P. O. Address Coverdale 2210

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.