

FILED JUL 29 1946

Registration District No. **210**

Primary Registration District No. **S723**

Registrar's No. **42**

1. PLACE OF DEATH:

(a) County **Mercer**
(b) City or town **Morgan Twp.**
(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 **16 Months**
years, months or days

3. (a) PRINT FULL NAME **Burton C. Bien**

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 **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Dec. 22 1871**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 6 1 hr. min.

9. Birthplace **Mercer Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

MOTHER FATHER

11. Industry or business
12. Name **John H. Bien**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Elizbeth Gilbert**
15. Birthplace **Tenn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles E. Bien**
(b) Address **Princeton, Mo.**

17. (a) **Burial** (b) Date thereof **6-25-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pleasant Ridge**

18. (a) Signature of funeral director **Martin Funeral Home**

(b) Address **Princeton, Mo.**

19. (a) **6-25-46** (b) **Gran Martin**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Mercer**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **N.W. Princeton, Mo.**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **23** year **1946** hour **3** minute **am**
21. I hereby certify that I attended the deceased from **May 1** to **June 22**, 19**46**
that I last saw him alive on **June 22**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Diabetic coma**
Due to **Diabetes mellitus**

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy **None**

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 **JM Perry** (M.D. or other) **MD**

Address **Princeton Mo** Date signed **6/24/1946**

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

H. Ivan Martin

Licensed Embalmer No. *3760*

P. O. Address *Princeton, N.J.*

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.