

DEPARTMENT OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

26172

FILED AUG 28 1946

State File No. _____

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 114

1. PLACE OF DEATH:
 (a) County... Cudrain
 (b) City or town... Mexico
 (c) Name of hospital or institution... General Hospital
 (d) Length of stay: In hospital or institution... 5 days
 In this community... 40 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State... MO (b) County... Montgomery
 (c) City or town... Wellsville
 (d) Street No. _____
 (e) Citizen of foreign country? no

3. (a) PRINT FULL NAME RENIE LORENZA BUCHFIELD
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex M 5. Color or race W
 6. (a) Single, widowed, divorced, married
 6. (b) Name of husband or wife... Mollie E Spier Buchfeld
 6. (c) Age of husband or wife if alive... 68 years
 7. Birth date of deceased: April 3 1879

8. AGE: 67 Years 4 Months 11 Days

9. Birthplace... Montgomery Co MO
 10. Usual occupation... Bus Driver

MOTHER FATHER
 12. Name... John Buchfeld
 13. Birthplace... Ind.
 14. Maiden name... Elizabeth Jenkins
 15. Birthplace... Montgomery Co MO

16. (a) Informant... Mollie E Buchfeld
 (b) Address... Wellsville MO
 17. (a) Date of death... Aug 16 1946
 (b) Date of funeral... Aug 16 1946
 (c) Place: burial or cremation... Wellsville MO
 18. (a) Signature of funeral director... O. K. Kuhn
 (b) Address... Wellsville MO
 19. (a) Date received local registrar... Aug 16 1946
 (b) Registrar's signature... Blanche Deely

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug day 14 year 1946 hour 85 minute 31 P.M.
 21. I hereby certify that I attended the deceased from Aug 9 1946 to Aug 14 1946
 that I last saw him alive on Aug 14 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death... General peritonitis Duration 5 days
 Due to Ruptured Gall Bladder 5 days
 Due to _____
 Other conditions (including pre-mortem) _____
 Major findings of operations... Gangrene & perforated gall bladder, general peritonitis.
 Of autopsy... _____

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? _____
 (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... 2
 23. Signature... Blanche Deely (M. D. or other) 1946
 Address... 1205 N. Love St. Date signed... 8/17/46

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

RECEIVED
District Health Officer No. 10
District File Number 8-46-1622
Date Filed AUG-27-1946

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

C. K. Kline

Licensed Embalmer No. 3069

P. O. Address *Wellsville, Md.*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26172
Registrar's No. 114

Registration District No. 10 Primary Registration District No. 3002

1. PLACE OF DEATH:

(a) County: Andrew

(b) City or town: Mexico
(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 _____ years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: Rennie L. Buckfield

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Year 1946 hour _____ minute _____ M.

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

Immediate cause of death _____

Duration _____

4. Sex: m

5. Color or race: w

6. (a) Single, widowed, married, divorced: m

6. (c) Age of husband or wife if alive: _____ years _____ days

7. Birth date of deceased: April 3 (Month) (Day) (Year)

8. AGE: Years 67 Months _____ Days _____ (If less than one day) _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (Date received local registrar) (b) _____ (Registrar's signature)

Due to: Gallstones

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: W. H. D. Swan (M. D. or other) DO

Address: 1005 W. Lane St. Date signed: 10/4/46

SUPPLEMENTARY

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

200

Mexico, Mo

26172