S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

900

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

126

State File No.

FILED FEB 13 1947

Registration District No. [illegible] Primary Registration District No. 5112 Registrar's No. 6

1. PLACE OF DEATH:

(a) County BOLLINGER
(b) City or town GLEN ALLEN, Rural
(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
In this community LIFETIME (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County BOLLINGER
(c) City or town GLEN ALLEN
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Lorance
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HENRY BUEHLER
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex M 0 | 5. Color or race W | 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased JAN. (Month) 18 (Day) 1863 (Year)

8. AGE: Years 84 | Months 0 | Days 8 | If less than one day hr. min.

9. Birthplace IRONTON (City, town, or county) OHIO (State or foreign country)
10. Usual occupation FARMING
11. Industry or business

MOTHER FATHER
12. Name CHRIS BUEHLER (Father) 4
13. Birthplace — GERMANY (City, town, or county) (State or foreign country) 4
14. Maiden name CHRISTENIA SHARP (Mother) 4
15. Birthplace — GERMANY (City, town, or county) (State or foreign country) 4

16. (a) Informant UTAH BUEHLER
(b) Address GLEN ALLEN, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation BUEHLER CEM.
18. (a) Signature of funeral director BAKER FUNERAL HOME
(b) Address LUTESVILLE, Mo.
19. (a) Feb. 3. 1947 (Date received local registrar) (b) Millie H. VanAmburgh (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 26th year 1947 hour 5:00 minute 15 A. M.
21. I hereby certify that I attended the deceased from ..... 19.... to ..... 19....; that I last saw h/ He alive on 1/25/47 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac decompensation	
Due to Mitral stenosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations NONE
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? (Specify type of place)
While at work? (e) Means of injury —

23. Signature John J. Maguire M.D. (M.D. or Coroner)
Address Sullivan, Mo. Date signed 2/21/47

25 (Licensed Embalmer's Statement on Reverse Side)

of Health Officer No. 4

Number 247-194

2-10-47

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 No embalming, Registered Apprentice No. ,

working under my personal supervision.

Signed T. C. Graham

Licensed Embalmer No.

P. O. Address

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.