

S. No. 2
M-8-43
5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 2 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10154**
Registrar's No. **43**

Registration District No. **257**

Primary Registration District No. **3048**

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

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital **0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Weeks
(Specify whether Life)
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway **74**
(c) City or town Maryville **1**
(If outside city or town limits, write "RURAL")
(d) Street No. 201 East Edwards **21**
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME Paul F. Buhler
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male **0** 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Helen Buhler 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased July 26, 1898
(Month) (Day) (Year)

| | | | | |
|---------|-----------|----------|-----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | <u>48</u> | <u>7</u> | <u>11</u> | hr. - - - min. |

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

10. Usual occupation Grocer
None

11. Industry or business None

MOTHER FATHER { 12. Name Charles F. Buhler
13. Birthplace Savannah, Mo. **0**
(City, town, or county) (State or foreign country)

14. Maiden name Susie Neuens
15. Birthplace Nodaway County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Helen Buhler
(b) Address Maryville, Missouri

17. (a) Burial (b) Date thereof Mar. 10, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Patricks Cemetery
18. (a) Signature of funeral director Price Funeral Home
(b) Address 120' East 1st, Maryville, Mo.

19. (a) 3-12-47 (b) Bess Holt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th
year 1947 hour 5 minute 45 P. A. M.
21. I hereby certify that I attended the deceased from Feb 1, 1947 to March 5, 1947
that I last saw him alive on March 5, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Acute pulmonary edema **20 Min**
Due to following pneumonia with pleural effusion
Due to _____

Other conditions (Include pregnancy within 3 months of death)
Major findings: 110 B
Of operations _____

Of autopsy Pneumonia both lower and mid with multiple cystic pockets and also adhesions
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? **0**

While at work? _____ (Specify type of place) (e) Means of injury **0**
23. Signature J. C. Bauman M. D. or other **MD.**
Address 137 So. Main, Maryville Date signed 3/8/47

229

(Licensed Embalmer's Statement on Reverse Side)

APR 3 1947

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 *John W. Price*
Licensed Embalmer No. *4281*
P. O. Address *Maryville 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.