

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Registration District No. **44** Primary Registration District No. **5143-**

**1. PLACE OF DEATH:**  
(a) County Caldwell  
(b) City or town Buckneridge  
(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 40 year (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Mo. (b) County Caldwell / 3  
(c) City or town Buckneridge / 0  
(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 1

**3. (a) PRINT FULL NAME** ALBERT ROUEMONT  
3. (b) If veteran, name war 1 3. (c) Social Security No. 1  
4. Sex MO 5. Color or race W  
6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive 19 years  
7. Birth date of deceased April 19 1858  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month April day 5  
year 1947 hour April 3 minute 7-15 M.  
21. I hereby certify that I attended the deceased from 19 to 19  
that I last saw him alive on April 3, 1947  
and that death occurred on the date and hour stated above.  
Immediate cause of death Chronic Interstitial Nephritis / 4 yr  
Duration

**8. AGE:** Years 88 Months 11 Days 16  
If less than one day 1 hr. 1 min.

Due to 1  
Due to 1

9. Birthplace Montier Switzerland  
(City, town, or county) (State or foreign country)  
10. Usual occupation Laborer

Other conditions (include pregnancy within 2 months of death) E. A. Thompson M.D.  
Major findings: Of operations no 131B  
Of autopsy no 131B

MOTHER FATHER

11. Industry or business 5  
12. Name Unknown  
13. Birthplace Switzerland  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Switzerland  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(b) Date of occurrence no  
(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

16. (a) Informant Fred Rouemont  
(b) Address Buckneridge, Mo.  
17. (a) Burial (b) Date thereof April 7, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Buckneridge, Mo.  
18. (a) Signature of funeral director Gene G. Michael  
(b) Address Braymer, Mo.  
19. (a) 4-15-47 (b) Mrs. Nell B. Jones  
(Date received local registrar) (Registrar's signature)

23. Signature E. A. Thompson (M. D. or other)  
Address Buckneridge, Mo. Date signed April 6 - 1947

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

**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 \_\_\_\_\_

*Gene C. Michael*

Licensed Embalmer No. \_\_\_\_\_

*4340*

P. O. Address \_\_\_\_\_

*Braymer, 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.**