

FILED MAY 1 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12902

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 100

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 Days (Specify whether years, months or days)
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Mary Buschman

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife John Buschman 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan, 3 1866
(Month) (Day) (Year)

8. AGE: Years 81 Months 3 Days 17 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Carl Bauer
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Margaret Dauk
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Jake Weidinger

(b) Address Vienna, Mo.

17. (a) Burial (b) Date thereof 4-23-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vienna, Mo.

18. (a) Signature of funeral director J. O. Cunningham

(b) Address Vienna, Mo.

19. (a) 4-25-47 (b) R. P. Davis, Md
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20th
year 1947 hour 5 minute 5 P. M.

21. I hereby certify that I attended the deceased from Apr. 3 1947 to April 20 1947
that I last saw her alive on April 20 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Thy poststatic Pneumonia
Due to Incomplete
intestinal obstruction
Due to suspect carcinoma of
Other conditions: also anal junction
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: HE

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 J. O. Cunningham (M. D. or other) M. D.
Address Jefferson City, Mo. Date signed 4/24/47

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-28-47

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

W. O. Birmingham

Licensed Embalmer No.

3664

P. O. Address

Corning, 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.