

FILED DEC 30 1947

Registration District No. 116

Primary Registration District No. 3020

Registrar's No. 166

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
615 Stafford
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

(c) City or town Washington 6
(If outside city or town limits, write "RURAL")

(d) Street No. 615 Stafford 2
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM FREDRICK BODEMEYER

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18 year 1947 hour 5: minute 55P. M.

21. I hereby certify that I attended the deceased from Dec 17 1947 to Dec 18 1947

that I last saw him alive on Dec 17 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerosis Duration _____

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife E. Clara Buddemeyer

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased October 20th 1875
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace Washington (City, town, or locality) Missouri (State or foreign country)

10. Usual occupation Shoe worker

11. Industry or business _____

12. Name Norman Buddemeyer 4

13. Birthplace Not known (City, town, or county) Germany (State or foreign country)

14. Maiden name Dorothy Brown

15. Birthplace Not known (City, town, or county) Franklin County (State or foreign country)

16. (a) Informant Mrs. E. Clara Buddemeyer

(b) Address 615 Stafford

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-47 (Month) (Day) (Year)

(c) Place: burial or cremation Washington

18. (a) Signature of funeral director Not known

(b) Address Washington

19. (a) DEC 20 1947 (Date received local registrar)

(b) [Signature] (Registrar's signature)

Due to _____

Due to _____

Other conditions Arterio-sclerosis just to give
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: Of operations _____

Of autopsy 107

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 [Signature] (M. D. or other) M.D.

Address 905 Elm Washington Mo Date signed 12-20-47

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

36
66
2

MOTHER FATHER

12-29-47
District Health Officer No. 9
RECEIVED

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 Maurice H. Willubrink, Registered Apprentice No. 442, working under my personal supervision.

Signed [Signature]
Licensed Embalmer No. 2464
P. O. Address Washington DC

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.