

Registration District No. 258

Primary Registration District No. 4390

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Osage
 (b) City or town Rural Jackson boundary
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Westphalia, Mo.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME HENRY BUERSMEYER

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

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Theresa Buersmeyer 6. (c) Age of husband or wife if alive 6 1/2 years

7. Birth date of deceased March 14, 1872
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 1 If less than one day _____
hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Stephen Buersmeyer

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

14. Maiden name Christine Beckmeyer

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

16. (a) Informant Herbert Buersmeyer

(b) Address Westphalia Mo.

17. (a) Burial (b) Date thereof 5/18/48
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (e) Signature of funeral director John Schwartz

(b) Address Jefferson City, Mo.

19. (a) May 14, 1948 (b) Rose Rowan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
 year 1948 hour 12 minute P. M.

21. I hereby certify that I attended the deceased from July 5, 1947 to May 5, 1948
 that I last saw him alive on April 24, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic heart disease & decompensation
 Due to Anemia

Due to senile atrophy

Other conditions —
(Include pregnancy within 3 months of death)

Major findings: Of operations 95C
 Of autopsy _____

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 0

23. Signature D. T. Haragawa (M. D. or other) MD
 Address 1211 1/2 E. 12th St. St. Louis, Mo. Date signed 5/21/48

Duration
2 yrs
2-3 yrs
2 yrs.
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

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..... *Sylvester Dulle*.....

Licensed Embalmer No. *4321*

P. O. Address..... *Jefferson City, 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.