

No. 2  
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-17-39  
X37829

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED AUG 25 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25914  
Registrar's No. 127

Registration District No. 111  
Primary Registration District No. 4183

1. PLACE OF DEATH:  
(a) County FRANKLIN  
(b) City or town PACIFIC  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: /  
(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 (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County FRANKLIN 36  
(c) City or town PACIFIC 2  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country. --

3. (a) PRINT FULL NAME ANNA KATHERINE BUKOWSKY  
(b) If veteran, name war NO  
(c) Social Security No. NONE

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month JULY day 8  
year 1948 hour 3 minute 30 P.M.  
21. I hereby certify that I attended the deceased from 3/6/48  
19\_\_ to 7/8/48 19\_\_  
that I last saw her alive on July 7, 1948  
and that death occurred on the date and hour stated above.

4. Sex FEMALE / 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED /  
(b) Name of husband or wife CHARLES BUKOWSKY  
(c) Age of husband or wife if alive 63 years  
7. Birth date of deceased OCTOBER 25 1892  
(Month) (Day) (Year)

Immediate cause of death. Right sided cardiac failure  
Duration  
Due to Hypostatic Pneumonia

8. AGE: Years Months Days If less than one day  
55 8 13 hr. min.

Due to Tumor of the brain, right side  
Other conditions. 57D  
(Include pregnancy within 3 months of death)

9. Birthplace PACIFIC MISSOURI /  
(City, town, or county) (State or foreign country)  
10. Usual occupation HOUSEWIFE  
11. Industry or business AT HOME  
12. Name GEORGE FUCHS /  
13. Birthplace GERMANY /  
(City, town, or county) (State or foreign country)  
14. Maiden name BARBARA SCHWIEFEL  
15. Birthplace GERMANY 4  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations. Right temporal decom-  
pression due presence of a  
XXXX brain tumor  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

MOTHER FATHER {  
16. (a) Informant CHARLES BUKOWSKY  
(b) Address PACIFIC, MO.  
17. (a) BURIAL (b) Date thereof 7/12/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation PACIFIC  
18. (a) Signature of funeral director J. L. Puffer  
(b) Address PACIFIC, MO.  
19. (a) 7-10-48 (b) Mary B. Gross  
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury  
23. Signature C. S. Puffer D.D. (M.D. or other)?  
Address Pacific, Missouri Date signed 7/10/1948

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

RECEIVED  
District Health Officer No. 9,  
District File Number.....  
Date Filed AUG 24 1948

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, Jno. L. Shields

Licensed Embalmer No. 3008

P. O. Address PACIFIC, 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.