S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29403

FILED OCT 8 1948

Registration District No. 5

Primary Registration District No. 5433

Registrar's No.

1. PLACE OF DEATH:

(a) County Franklin.

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

(c) Name of hospital or institution: R. #2.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

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

(d) Street No. R. #2.
(If rural, give location)

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

If yes, name country x

3. (a) PRINT FULL NAME Caroline Buchholtz

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Female

5. Color or race White

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

6. (b) Name of husband ~~or wife~~ Otto H. Buchholtz

6. (c) Age of husband ~~XXXX~~ if alive 67 years

7. Birth date of deceased December (Month) 1st, (Day) 1889 (Year)

8. AGE: Years 58 Months 9 Days 11 If less than one day hr. min.

9. Birthplace Port Hudson. (City, town, or county) Missouri. (State or foreign country)

10. Usual occupation House-work.

11. Industry or business x

FATHER
12. Name William Birkmann.
13. Birthplace Unknown, (City, town, or county) Unknown. (State or foreign country)

MOTHER
14. Maiden name Charlotta Vinthont
15. Birthplace Port Hudson, (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant Otto H. Buchholtz
(b) Address Washington, Mo. R. #2.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 15, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Nieburg & Vitt, Inc.
(b) Address Washington, Mo.

19. (a) 9/13/48 (Date received local registrar) (b) F. J. Cooper (Registrar's signature) 94

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 12th. year 1948 hour 6:00 minute 30 P. M.

21. I hereby certify that I attended the deceased from her Aug 2, 1948 to Sept 13, 1948 that I last saw her alive on Sept 12, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature L. Muench (M. D. or other) M.D.

Address Washington Date signed 9-13-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Muench

RECEIVED
District Health Officer No. 9,
Division File Number 10-7-41

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 Jerome F. Swoboda

Licensed Embalmer No. 4507

P. O. Address Washington

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.