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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 3 1948

Registration District No. 294

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5935

State File No. 37592

Registrar's No. 337

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

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community lifetime in County
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis 80
(c) City or town Sedalia Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CHARLES LOUIS BUCHER

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of ~~husband or~~ wife Gertrude C. Shemwall

6. (c) Age of ~~husband or~~ wife if alive 65 years

7. Birth date of deceased March 17, 1878
(Month) (Day) (Year)

8. AGE: Years 70 Months 8 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace Pettis County, Missouri 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Agriculture

FATHER
12. Name Louis Bucher 0
13. Birthplace unknown, Europe 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Krull
15. Birthplace St. Louis, County Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gertrude Bucher
(b) Address Route 1, Sedalia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/23/48
(Month) (Day) (Year)
(c) Place burial or cremation McKee Chapel
Rural Pettis County

18. (a) Signature of funeral director Shane Ewing
(b) Address Sedalia, Mo.

19. (a) 11/22/48 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21
year 1948 hour 4 minute a M.

21. I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ as corona
11/21/48, 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardio Fatty degeneration of heart	10 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 925	

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 2

23. Signature Dr. H. L. Kohlen (~~M.D.~~ or other) D.O.
Address 315 Ely Bldg. Sedalia, Mo. Date signed 11/21/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 12-2-48

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 Richard D. Conn, Registered Apprentice No. 261, working under my personal supervision.

Signed Duane Ewing

Licensed Embalmer No. 3845

P. O. Address Sedalia 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.