

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D JUL 11 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21310
Do not use this space.

1. PLACE OF DEATH
(a) County Boone Registration District No. 73
(b) Township _____ Primary Registration District No. 3006 Registered No. 145
(c) City Columbia (d) Street No. 1407 Anthony St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ARTHUR BUCHROEDER 263
(a) Residence, No. 1407 Anthony St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Susie K. Buchroeder
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-19-1869
7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
68 10 7
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Jeweler
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

FATHER
13. NAME John Henry Buchroeder
14. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

17. INFORMANT Mrs Arthur Buchroeder
(ADDRESS) 1407 Anthony, Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Boonville, Mo. DATE 6-28, 1938
(Walnut Grove Cemetery)

19. FUNERAL DIRECTOR Parsons
(ADDRESS) Columbia, Mo.

20. FILED 6/28/38 1938 Allie Selby
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1936 to 6-26, 1938
I last saw him alive on June 26, 1938 Death is said to have occurred on the date stated above, at 7:45 am.
The principal cause of death and related causes of importance were as follows:

apoplexy

Date of onset 6/15/38

Other contributory causes of importance:

arteriosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) M. L. Buchanan, M.D.

(Address) Columbia, Mo.

STATEMENT BY LICENSED EMBALMER

I, W. N. McRitcheys, Licensed Embalmer No. 3893
hereby certify that the body recorded on the reverse side of this certificate was embalmed by W. N. McRitcheys

..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed W. N. McRitcheys
Licensed Embalmer No. 3893

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.)