

1260 FEB 21 1939

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

2587
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 396
(b) Township Ht Osage Primary Registration District No. 5552 Registered No. _____
(c) City Near Buckner Mo. (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred 9 yrs. X mos. X ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

EMILIE C. BUCHHOLZ
(a) Residence, No. Buckner Rd No. 1. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frederich Buchholz

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1939, to Jan 24, 1939. I last saw her alive on Jan 24, 1939. Death is said to have occurred on the date stated above, at 10:20 P.M.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 2. 1860
7. AGE YEARS 78 MONTHS 4 DAYS 16 If LESS than 1 day, hrs. or min.

Cancer of the Stomach
Date of onset Several Months ago
Other contributory causes of importance: 4/6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. house wife
9. Industry or business in which work was done, as saw mill, bank, etc. her home
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Gloven (STATE OR COUNTRY) Germany

13. NAME John Schutt

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

15. MAIDEN NAME Ann'e Lenghof

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

17. INFORMANT Louis Buchholz (ADDRESS) Buckner Mo. R R No. 1.

18. BURIAL, CREMATION, OR REMOVAL Removal PLACE Herman Mo. DATE Jan. 27/39

19. FUNERAL DIRECTOR (NAME) V M Rennert (ADDRESS) Buckner Mo. 2321

20. FILED Jan 26, 1939 John W. Rubeau Local Registrar.

Name of operation none Date of _____
What test confirmed diagnosis? Chancel Was there an autopsy? No

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

Manner of injury X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) John W. Robertson M. D.
(Address) Buckner Mo.

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.

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,

Vernon M. Reppert

, or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

V. M. Reppert

Licensed Embalmer No.....**2321**.....

P. O. Address.....**Buckner 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, above space should be left blank.