

REC'D MAR 8 1939

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

7550
Do not use this space.

1. PLACE OF DEATH

(a) County Pulaski Registration District No. 716
 (b) Township TAVERN Primary Registration District No. 2942 Registered No. 3
 (c) City Near Crocker, Mo. (d) Street No. _____ 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 27 yrs. mos. da. (f) How long in U. S., if of foreign birth 46 yrs. mos. da.

2. PRINT FULL NAME Baltrazar Bueschler

(a) Residence, No. _____ 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 Theresa Bueschler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 31, 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
78 0 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. On own farm
 10. Date deceased last worked at this occupation (month and year) January 1939 11. Total time (years) spent in this occupation _____

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

FATHER 13. NAME George Bueschler

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Theresa Bueschler
 (ADDRESS) Crocker, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dixon DATE Feb. 14, 1939

19. FUNERAL DIRECTOR (NAME) J. L. HOOPS & SONS
 (ADDRESS) Crocker, Mo.

20. FILED 2/13 1939 H. Bell Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10, 1939

I HEREBY CERTIFY, That I attended deceased from Feb 8th 1939 to Feb 10 1939
 I last saw h. alive on Feb 9th, 1939. Death is said to have occurred on the date stated above, at 6:00 P. M.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
8241
 Date of case 2/17/39

Other contributory causes of importance:
Unknown

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) H. Bell, M. D.
Crocker, Mo. (Address)

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

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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 *Paul B. Hoops*

Licensed Embalmer No. 3261

P. O. Address Crocker, 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.