

DEC'D MAY 18 1939

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

14827

Do not use this space.

1. PLACE OF DEATH

(a) County GASCONADE Registration District No. 305
(b) Township CANAAN Primary Registration District No. 4184 Registered No. 16
(c) City OWENSKILLE (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME FRANK BUCHHOLZ

(a) Residence, No. 242 OWENSKILLE MO. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF MARRIE BUCHHOLZ

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/10/1860

7. AGE YEARS 79 MONTHS 1 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HAULING
9. Industry or business in which work was done, as saw mill, bank, etc. FREIGHT
10. Date deceased last worked at this occupation (month and year) June 1, 1939
11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (CITY OR TOWN) BAY (STATE OR COUNTRY) MO.

13. NAME HENRY BUCHHOLZ

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

15. MAIDEN NAME NOT KNOWN

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

17. INFORMANT VICTOR BUCHHOLZ (ADDRESS) OWENSKILLE MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE OWENSKILLE CITY CEMETERY DATE 4/7/39

19. FUNERAL DIRECTOR W. F. Stettin (ADDRESS) Owensville Mo.

20. FILED 4/12/39 Seith A. Bannan, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-4 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-2 1939 to 4-4 1939

I last saw him alive on 4-4 1939. Death is said

to have occurred on the date stated above, at 3:00 p.m.

The principal cause of death and related causes of importance were as follows:

Right cerebral thrombosis causing left hemiplegia
Hypertension
Arteriosclerosis
Chronic cholecystitis
Arteriosclerosis

Date of onset

4-3-394-2-39

Other contributory causes of importance:
Chronic cholecystitis
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? No

If so, specify _____

(Signed) Paul A. Bannan, M.D.

(Address) Owensville, Mo.

STATEMENT BY LICENSED EMBALMER

I, Milford H H Winter....., Licensed Embalmer No. 3838

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Milford H H Winter

Licensed Embalmer No. 3838

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.)