

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

32085
Do not use this space.

1. PLACE OF DEATH **12 1939**
 (a) County Cape Registration District No. 125
 (b) Township Cape Primary Registration District No. 3009
 (c) City Cape Girardeau 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ellen Mahar Bueltmann
 (a) Residence, No. 245 N. Ellis 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas Bueltmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 15, 1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	74	9	4	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. His work
 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) DuQuoin
 (STATE OR COUNTRY) Illinois.

FATHER
 13. NAME W. T. Mahar
 14. BIRTHPLACE (CITY OR TOWN) Independence
 (STATE OR COUNTRY) Mo.

MOTHER
 15. MAIDEN NAME Emily Daniel
 16. BIRTHPLACE (CITY OR TOWN) Alabama
 (STATE OR COUNTRY)

17. INFORMANT Mrs. Lizzie Park
 (ADDRESS) New Madrid Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairmont Cem. DATE 9-20-1939

19. FUNERAL DIRECTOR (NAME) L. L. Hanan
 (ADDRESS) Cape Girardeau Mo.

20. FILED 9-18-1939 J. M. Thompson
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept -18 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 2nd 1939, to Sept 18th 1939
 I last saw her alive on Sept 18 1939. Death is said to have occurred on the date stated above, at 11:35 p.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 9/17/39
arterio-sclerosis
+ heart complications 9/5/39

Other contributory causes of importance:
2

Name of operation _____ Date of _____
 What test confirmed diagnosis Symptoms Was there an autopsy? no

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) G. B. Schult, M. D.
 (Address) Cape Girardeau, Mo.

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.

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

L. L. Hawan

Licensed Embalmer No. 2863

P. O. Address Cape Girardeau

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.