

OCT 23 1940
Registration District No. **375**

Primary Registration District No. **4219**

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Holt
(b) City or town Oregon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community 30 years
years, months or days (Specify whether)

8. (a) PRINT FULL NAME Jacob Bucher
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Mary Jane Curtis Bucher 6. (c) Age of husband or wife if alive 16 years
7. Birth date of deceased September 16 1852
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>11</u>	<u>21</u>	hr. _____ min.

9. Birthplace Bremen Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business 6

MOTHER FATHER
12. Name Ulrich Bucher
13. Birthplace Berne Switzerland
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Smith
15. Birthplace Baden Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edith Dawson
(b) Address Oregon, Missouri

17. (a) Burial (b) Date thereof 9/8/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oregon, Missouri

18. (a) Signature of funeral director Jane H. Pettigrew
(b) Address Oregon, Missouri

19. 9-7-40 (Date received local registrar) Proschander (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Holt
(c) City or town Oregon
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6
year 1940 hour 6:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from Sept. 5
1940, to Sept. 5, 1940,
that I last saw him alive on Sept. 6, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Acute indigestion of *Duration*
pylorospasm with dilatation of 20
stomach. *hours*

Due to Large meal and feeble di-
gestion
Due to Chronic myocarditis.

Other conditions Prostatic hypertrophy
(Included or summary within a _____ month)

Major findings: Proschander **PHYSICIAN**
Of operations: 1-1

Of autopsy No autopsy *asc*
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 334
(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature Proschander (M. D. or other) _____
Address Oregon, Mo Date signed 9-8-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 1 1949

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 James H. Pettigrew

Licensed Embalmer No. 3197A

P. O. Address Oregon Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.