

Registration District No. 82

Primary Registration District No. 5123

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Easton Sun
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Easton, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 75 years.
years, months or days)

3. (a) PRINT FULL NAME Samuel John Buhman

3. (b) If veteran, name war None 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 Bridget Buhman 6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 11 1858
(Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 23 If less than one day
.....hr.min.

9. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

MOTHER FATHER { 12. Name Marx Buhman
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Johanna Martin
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. T.L.O'Brien
(b) Address Easton, Mo.

17. (a) Removal (b) Date thereof Nov. 6, 1941
(Burial, cremation or removal) (Month) (Day) (Year)
(c) Place: Burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Herward W. Sidenfaden
(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) 11/6-41 (b) A.F. Bigham M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town Easton
(If outside city or town limits, write "RURAL")
(d) Street No. Easton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 4th
year 1941 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct. 20 1941 to Nov. 4 1941,
that I last saw him alive on Nov. 3 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerosis Duration 1 yr

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

PHYSICIAN

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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature S.F. Kimball (M. D. or other)
Address Easton, Mo. Date signed 11/4/41

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.