

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 11641

FILED APR 24 1942

Registration District No. 603Primary Registration District No. 4507Registrar's No. 11

1. PLACE OF DEATH:

- (a) County Pike
 (b) City or town Ashley
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether years, months or days)

8. (a) PRINT FULL NAME John Herman Bueter8. (b) If veteran, name war T 8. (c) Social Security No. X

4. Sex Male 5. Color or race German 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife Grace Bueter 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 14 1969
 (Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 14 If less than one day hr. _____ min. _____9. Birthplace Germany
(City, town, or county) (State or foreign country)10. Usual occupation merchant

11. Industry or business

12. Name Barnard Bueters
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Grace Bueters
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Frederick Feldman(b) Address Bowling Green Mo.17. (a) Burial (b) Date thereof 3 3 1942
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Clements18. (a) Signature of funeral director Grace Banthead(b) Address Bowling Green Mo.19. (a) 3/10 1942 (b) Oliver Frank London
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County PIKE
 (c) City or town ASHLEY
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st
year 1942 hour 2 minute 30 P. M.21. I hereby certify that I attended the deceased from _____, 1930, to March, 1942
that I last saw him alive on Feb. 25, 1942
and that death occurred on the date and hour stated above.Immediate cause of death Coccyx - Thrombosis
Due to _____
Due to _____Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

For number of years _____

Major findings:
Of operations _____Of autopsy 938

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 _____

23. Signature J. H. Wilcox (M. D. or other) _____
Address Bowling Green, Mo. Date signed 3-2-42

RECEIVED

District Health Officer No. 10

District File Number 4-13-835

Date Filed APR 13 1942

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, above space should be left blank.