V. S. No. 2
0M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 14 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14591

Registration District No. 408 Primary Registration District No. 3020 Registrar's No. 96

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCune Brooks Hospital
(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)
In this community 29 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R # 1, Carthage
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Eugene Victor Buerge
3. (b) If veteran, name war None
3. (c) Social Security No. 500-01-0784
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ruby
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased Nov. (Month) 23 (Day) 1912 (Year)

8. AGE: Years	Months	Days	If less than one day
29	5	7	hr. min.

9. Birthplace Jasper Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Truck Driver
11. Industry or business None
MOTHER FATHER
12. Name Amos Buerge
13. Birthplace Reeds City (City, town, or county) Mich. (State or foreign country)
14. Maiden name Ivy Lawson
15. Birthplace Gilford (City, town, or county) Kansas (State or foreign country)
16. (a) Informant Ruby Buerge
(b) Address R # 1, Carthage Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3 1942 (Month) (Day) (Year)
(c) Place: burial or cremation New Hope Cemetery
18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage Mo.
19. (a) May 2, 1942 (Date received local registrar) (b) Elizabeth Coughlin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 30 day April year 1942 hour 2 minute 20 P.M.
21. I hereby certify that I attended the deceased from April 30, 1942, to April 30, 1942 that I last saw him alive on April 30, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Conflagration burned by burning truck	Lived about 9½ hours
Due to after collusion	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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) accident
(b) Date of occurrence Apr. 30 1942
(c) Where did injury occur? Highway 71 (City or town) Barton (County), Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway 71 near Sarcoxie, Mo. (Specify type of place)
While at work? yes (e) Means of injury Collision
23. Signature H E Byrd (M. D. or other) MD
Address Carthage Mo Date signed 5-2-42

1203 (Licensed Embalmer's Statement on Reverse Side)

42-4-387.

MAY 18 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 John D Batchelder

Licensed Embalmer No. 4153

P. O. Address Carthage Mo.

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.