

FILED JAN 18 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2711

Registration District No. 175

Primary Registration District No. 4276

Registrar's No. 164

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Pierce City
(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 _____ (Specify whether)
In this community 70 years
years, months or days

3. (a) PRINT FULL NAME Anna Katherine Buchner

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 21 1865
(Month) (Day) (Year)

8. AGE: Years 77 Months 8 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Bethalto Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired retail Milliner

11. Industry or business _____

12. Name William Euchner

13. Birthplace Leipscic Germany
(City, town, or county) (State or foreign country)

14. Maiden name Williamena Euchner

15. Birthplace Dresden Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. H. Roberts

(b) Address Pierce City Mo.

17. (a) Burial (b) Date thereof Dec. 4 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem.

18. (a) Signature of funeral director [Signature]

(b) Address Pierce City Mo.

19. (a) 12-3-1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 1 1942
Day _____ hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan. 15
_____ 1941 to Dec. 1 1942
that I last saw her alive on Dec. 1 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris
Duration 6 mon.

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 E. B. Hughes (M. D. or other) _____
Address Pierce City, Mo. Date signed 12-25-42

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 61

District File Number 143-42

Date Filed JAN 11 1943

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed Walter G. Heenan

Licensed Embalmer No. 3824

P. O. Address Pease City

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, fact should be so stated above.