

FILED APR 14 1943
Registration District No. 360

Primary Registration District No. 6224

Registrar's No. 23

1. PLACE OF DEATH:

(a) County. Vernon
(b) City or town. Nevada "Rural" Center
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. Since Nov. 1942.
In this community Since Nov. 1942.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County. Vernon
(c) City or town. Nevada
(If outside city or town limits, write "RURAL.")
(d) Street No. Route #1
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mattie Dora Bucheles

3. (b) If veteran, name war. 3. (c) Social Security No. None

4. Sex. Fm. 5. Color or race. White 6. (a) Single, widowed, married, divorced. Widowed

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

7. Birth date of deceased. October 3 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 5 9hr.min.

9. Birthplace. Clinton Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation. Housewife

11. Industry or business.

12. Name. Albert Ingram

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

14. Maiden name. Anna Stowbough

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

16. (a) Informant. William Ingram

(b) Address. Perkins, Okla.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Mar. 14, 43.
(Month) (Day) (Year)

(c) Place: burial or cremation. Mulhall, Okla.

18. (a) Signature of funeral director. Ferry Funeral Home

(b) Address. Nevada, Mo.

19. (a) 3-12-43 (Date received local registrar) (b) Hazel B. Bewick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. Mar. day. 12th
year. 1943 hour. minute. M.

21. I hereby certify that I attended the deceased from 19..... to..... 19.....
that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary occlusion (from history of illness)
Due to.....
Due to.....
Other conditions. of March 12, 1943
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: Of operations. 94a
Of autopsy.....
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.....
23. Signature. G. Bratton Davis (M. D. or other) 6
Address. Nevada Date signed 3-13-43

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

MOTHER FATHER

1331

RECEIVED

District Health Officer No. 74

District File Number 3-43-28

Date Filed 4-6-43

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 L. B. Henry

Licensed Embalmer No. 1760

P. O. Address Newark 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.