

S. No. 2
I-1.4-41
5-17-39
I X25320

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17829

FD JUN 3 1943 128
Registration District No. 318

Primary Registration District No. 5466

State File No. _____

Registrar's No. 394

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield Rural of Campbell
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
MEDICAL CENTER FOR FEDERAL PRISONERS
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 3 Months, 6 days
In this community 3 Months, 6 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio (b) County Hamilton
(c) City or town Cincinnati
(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 _____

3. (a) PRINT FULL NAME BUCHMANN, Arthur J.

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced 3 divorced

6. (b) Name of husband or wife Nona 6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased February 19 1898
(Month) (Day) (Year)

8. AGE: Years 45 Months 2 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Cincinnati Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation laborer, hospital orderly

11. Industry or business

12. Name John Buchmann
13. Birthplace Cincinnati, Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Morris
15. Birthplace Cincinnati, Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant File
(b) Address MCEP

17. (a) Removal (b) Date thereof May 13 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cincinnati, Ohio

18. (a) Signature of funeral director Fred C Thieme

(b) Address Springfield, Mo

19. (a) 5-13-43 (b) W. H. Handley
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1943 hour 10 minute 40 P.M.

21. I hereby certify that I attended the deceased from February 6, 1943 to May 12, 1943
that I last saw him alive on May 12, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death acute toxic hepatitis
Duration _____

Due to complication of chemo-thermal treatment of syphilis

Due to _____

Other conditions syphilis, central nervous system
(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 R. W. McComas M. D. _____
Address MCEP Date signed 5-13-43

984 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

prior to adm'n.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.