

S. No. 2
M-5-42
5-17-39
PI X3227

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25069

State File No.

AUG 12 1943

Registration District No. 139

Primary Registration District No. 4975

Registrar's No. 54

1. PLACE OF DEATH:

(a) County: Holt

(b) City or town: Oregon
(If outside city or town limits, write "RURAL" and name of township)

(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)

In this community: 33 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED: 44

(a) State: Missouri (b) County: Holt

(c) City or town: Oregon
(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: Rachel Bucher

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

4. Female 5. Color, or race: White 6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Edward L. Bucher 6. (c) Age of husband or wife if alive: 78 years

7. Birth date of deceased: February 5 1866
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 1943 hour 11 minute 05 A. M.

21. I hereby certify that I attended the deceased from April 7 1943 to July 9 1943
that I last saw her alive on July 9 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

77	5	4	hr. _____ min.
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Immediate cause of death: Coronary Thrombosis 1 Day

Due to: Myocardial 3 months

9. Birthplace: Holt County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: At Home

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

Due to: _____

11. Industry or business

MOTHER FATHER { 12. Name: Henry L Alkire

{ 13. Birthplace: St. Chas. County Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name: Barbara Magill

{ 15. Birthplace: Platte County Missouri
(City, town, or county) (State or foreign country)

Major findings: none

Of operations: _____

Of autopsy: _____

PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

16. (a) Informant: E. L. Bucher

(b) Address: Oregon, Mo.

17. (a) Burial (b) Date thereof: July 11 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Oregon, Mo.

18. (a) Signature of funeral director: James H. Pettigrew

(b) Address: Oregon, Mo.

19. (a) 7-10-43 (b) Pauline Dawson
(Date received local registrar) (Registrar's signature)

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? and injury
(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. J. Henderson (M. D. or other)

Address: Oregon, Mo. Date signed: 7/14/43

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

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.....

James W. Pettigrew

Licensed Embalmer No. 3192

P.O. Address Oregon 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.