S. No. 2
M—2-43.
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33883

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 348.

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
Near hospital — on road
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Ballinger
(c) City or town Rural 6 1
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? 1 no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Vonnie Buchholtz
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F M 1
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 8 (Day) 1941 (Year)
8. AGE: Years 3 Months 2 Days 10 If less than one day hr. min.
9. Birthplace Not supplied (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name Losin Buchholtz
13. Birthplace Grassy (City, town, or county) Mo (State or foreign country)
14. Maiden name Lea Jeck
15. Birthplace Hahn (City, town, or county) Mo (State or foreign country)
16. (a) Informant Losin Buchholtz
(b) Address Grassy, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 19, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Bollinger County
18. (a) Signature of funeral director Robert E. Kruse
(b) Address Leasburg Mo
19. (a) 10-25-44 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18 year 1944 hour 6 minute 45 A.M. P.M.
21. I hereby certify that I attended the deceased from Oct 30 minutes Oct 18 1944 that I last saw her alive on Oct 18 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Third degree burns — Duration 3 hr
Due to
Due to
Other conditions: None (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) Accidental Burns
(b) Date of occurrence Oct 18-44
(c) Where did injury occur? At home (City or town) (County) (State) Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Yes (Specify type of place)
While at work? No (e) Means of injury
23. Signature Lee L. Grabauskas (M. D. or other)
Address Jackson Mo Date signed 10-18-44

1014

(Licensed Embalmer's Statement on Reverse Side)

FILED

District Health Officer No. 4

District File Number 1144-4552

Date Filed 11-8-44

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

No Embalming, Registered Apprentice No.

working under my personal supervision.

Signed Robert E. Drum Funeral Dire

Licensed Embalmer No.

P. O. Address Fortsville 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.