

No. 2  
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17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUL 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21603

Registration District No. 209

Primary Registration District No. 3042

Registrar's No. 253

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1800 Park Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution -----  
(Specify whether  
In this community -----  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion  
(c) City or town Hannibal  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1800 Park Ave.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23  
year 1947 hour 5 minute 45 p.M.  
21. I hereby certify that I attended the deceased from Apr 12-47  
to June 7 1947  
that I last saw him alive on June 7 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis with cardiac complications  
Duration

Due to Senility

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations A  
Of autopsy 2  
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) \_\_\_\_\_  
(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 D

23. Signature A. B. Blue (M. D. or other)  
Address Hannibal Mo Date signed July 1 47

3. (a) PRINT FULL NAME MATTIE R. BAUCHLE

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

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

6. (b) Name of husband or wife Fred Bauchle 6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased: March 16 1872  
(Month) (Day) (Year)

|         |       |        |      |                      |
|---------|-------|--------|------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
|         | 75    | 3      | 7    | - hr. - min.         |

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

10. Usual occupation housewife

11. Industry or business -----

MOTHER FATHER { 12. Name Robert Buchanan

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

14. Maiden name Elizabeth Webdell

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

16. (a) Informant Mrs. Florence Wilson

(b) Address 1520 Park, Hannibal, Mo.

17. (a) burial (b) Date thereof 6/25/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Roy O. Schwartz

(b) Address 1000 Broadway, Hannibal, Mo.

19. (a) 7-5-47 (b) Dr. E. M. Lucke  
(Date received local registrar) (Registrar's signature)

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

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**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

*Paul Richard Brown*

Licensed Embalmer No.

*4324*

P. O. Address

*Hennepin, 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.**