

No. 2  
5-43  
17-39  
X36571

FILED NOV 16 1948

Registration District No. **53**

Primary Registration District No. **3010**

Registrar's No. **350**

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Cape Girardeau, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
508 Albert St. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no  
(Specify whether years, months or days) 2 yr

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape Co., 16  
(c) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL")  
(d) Street No. 508 Albert St  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Carl E. Bucher

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 490-05-552

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 13 1885  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 7 11 hr. min.

9. Birthplace Caro Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation Butcher

11. Industry or business Packing House

12. Name E. E. Bucher

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Dora Bucher

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

16. (a) Informant Delores Bucher Bissel

(b) Address 508 Albert Cape Girardeau, Mo

17. (a) Burial (b) Date thereof Nov. 13 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galvry Villa Ridge

18. (a) Signature of funeral director Frank A. Karcher

(b) Address 325-8th Caro Ilo

19. (a) 11-12-48 (b) C. C. Semmers  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11 year 1948 hour 1 minute 45P M.

21. I hereby certify that I attended the deceased from Sept 2 1948, to Nov 11 1948; that I last saw h. im alive on Nov 11, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia, acute Duration 4 days

Due to Renal Failure and oliguria of Chronic Renal disease 2 mo

Due to Cirrhosis of Liver (Laennec type) 5 yrs

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 131B

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) \_\_\_\_\_

(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 0

23. Signature John Crowe (M. D. or other) 0  
Address Cape Girardeau, Mo Date signed 11/11/48

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

MOTHER FATHER

MAR 23 1949

RECEIVED

District Health Officer No. 4  
District File Number 1148-1414  
Date Filed 11-15-48

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 Frank A. Karcher  
Licensed Embalmer No. 2103  
P. O. Address Cairo Ill

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.