

FILED APR 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11521
 BIRTH NO. 49-012607 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 382

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) St. Joseph, Mo.		c. LENGTH OF STAY (In this place) 5 Days	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph, Mo.	
3. NAME OF DECEASED (Type or Print) a. (First) Patricia		b. (Middle) Louise	
c. (Last) Buhman		4. DATE OF DEATH (Month) (Day) (Year) April 4 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Never married	8. DATE OF BIRTH March 31-1949
9. AGE (In years last birthday) 0		IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 5 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Joseph, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John R. Buhman	
13b. MOTHER'S MAIDEN NAME Nellie Miller		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME John R. Buhman
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Erythroblastosis feterns Hemolytic Oedema generale ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> 7700	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from March 31, 1949 , to April 4, 1949 , that I last saw the deceased alive on April 4, 1949 and that death occurred at 11:40 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W. O. Rogers Moore M.D.		23b. ADDRESS St. Joseph, Mo.	
23c. DATE SIGNED 4-5-49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 4/6/1949		24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery	
24d. LOCATION (City, town, or county) (State) Hurlingen, Mo.		DATE REC'D BY LOCAL REG. April 9, 1949	
REGISTRAR'S SIGNATURE G. B. Jakstins		382	
25. FUNERAL DIRECTOR'S SIGNATURE Norman W. Eidenbach		ADDRESS 1802 Union St.	

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Elmer Thomas

Student
Student Embalmer

Licensed Embalmer No. 2640

P. O. Address St. Joseph, 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.