

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 6 1945
Registration District No. 224

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 3046

10223
State File No. _____
Registrar's No. 232

1. PLACE OF DEATH:
(a) County Moniteau
(b) City or town California
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Latham Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days) all her life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau
(c) City or town Halkers-Rural
(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 Lena Elizabeth Bueker
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 8
year 1945 hour 2 minute 10 M.
21. I hereby certify that I attended the deceased from March 3 1945, to March 8 1945,
that I last saw her alive on March 8 1945,
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Carl Bueker 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased Sept 19 1900
(Month) (Day) (Year)

Immediate cause of death Uterine Hemorrhage Duration 3 weeks
Due to Sub meningitis fibroid. ?

8. AGE: Years 44 Months 5 Days 16 If less than one day hr. _____ min. _____
9. Birthplace Moniteau MO
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) 5 ft
Major findings: _____
Of operations _____
Of autopsy _____

10. Usual occupation Housewife
11. Industry or business _____
12. Name Gotfried Kocher
13. Birthplace Switzerland
(City, town, or county) (State or foreign country)
14. Maiden name Mummy Stecker
15. Birthplace Moniteau MO
(City, town, or county) (State or foreign country)

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

16. (a) Informant Carl Bueker
(b) Address California MO
Rural
17. (a) Burial (b) Date thereof 3/10/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Evangelical Cem

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 _____

18. (a) Signature of funeral director W. J. Bell
(b) Address California MO
19. (a) 3-8-45 (b) P. J. Bell
(Date received local registrar) (Registrar's signature)

23. Signature: Edgar B. Kibbe (M. D. or other) _____
Address California Date signed 3/8/45

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

MOTHER FATHER

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-5-45

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 Harold E. Friedman

Licensed Embalmer No. 2854

P. O. Address California 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.