

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14957
 Do not use this space.

REC'D MAY 20 1938

1. PLACE OF DEATH

(a) County Jasper Registration District No. H13
 (b) Township _____ Primary Registration District No. H2H5 Registered No. 26
 (c) City Franklin (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. 9 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ray D. Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 23, 1895

7. AGE YEARS 42 MONTHS 8 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper County, Missouri

FATHER 13. NAME Geo. B. Buckingham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER 15. MAIDEN NAME Sarah Buckingham

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Richard Ray O'Meara Indianapolis, Ind.

18. BURIAL, CREMATION, OR REMOVAL PLACE Frank Memorial DATE April 29, 1938

19. FUNERAL DIRECTOR (ADDRESS) Ridge Nelson Webb City, Mo.

20. FILED 5/9 1938 Harry A. W. Carter Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 37, 1937, to April 26, 1938
 I last saw her alive on April 22, 1938 Death is said to have occurred on the date stated above, at 7:50 P.M.

The principal cause of death and related causes of importance were as follows:

General Pericarditis
resulting from
pericarditis of
pericardium 1936

Other contributory causes of importance: HO

Name of operation Expiratory Date of 1-4-37
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____ (Signed) Walter J. ..., M. D.
John ...

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X12004

APR 20 1950

STATEMENT BY LICENSED EMBALMER

I, E. M. Hedge Licensed Embalmer No. 2859

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed E. M. Hedge

Licensed Embalmer No. 2859

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.)