FEB 15 1940

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

2501
Do not use this space.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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. PLACE OF DEATH
(a) County Henry 2 Registration District No. 347
(b) Township or (c) City Clinton Primary Registration District No. 3018 Registered No.
(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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Amanda Florence Buck
(a) Residence, No. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE W
5. ~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND~~ OF (OR) WIFE OF William T Buck
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/2/1855
7. AGE Years 84 Months 4 Days 20 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Pennsylvania

FATHER
13. NAME Marquis Gunn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Martha Potter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

17. INFORMANT (ADDRESS) Miss Betty Jean Smith
18. BURIAL, CREMATION, OR REMOVAL PLACE Bethlehem Mo DATE 1-22 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS) M B Haw
20. FILED 2-3 1940 Dr J. B. Hampton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 22, 1940
22. I HEREBY CERTIFY, That I attended deceased from Dec 1938, to Jan 22 1940
I last saw her alive on Jan 19 1940 Death is said to have occurred on the date stated above, at 2^30 A.m.
The principal cause of death and related causes of importance were as follows: Date of onset
Uremia due to Chronic Interstitial Nephritis — Unknown

Other contributory causes of importance: Chronic myocarditis

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

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 None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) S. B. Hughes, M. D.
(Address) Clinton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

50M-9-19-38 I X16605

EXACTLY AS PRINTED

RECEIVED
District Health Officer No. 7,
District File Number 2-40 - 295
Date Filed 2-14-40

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

25-01
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1. PLACE OF DEATH
(a) County Henry — Registration District No. 347
(b) Township Clinton — Primary Registration District No. 3018 — Registered No. ....
(c) City Clinton — (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. ... mos. ... ds. (f) How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

2. PRINT FULL NAME Amanda Florence Buck
(a) Residence, No. 609 E. Green St, Clinton Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

SUPPLEMENTARY

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE — YEARS 84 — MONTHS 4 — DAYS 20 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL
PLACE .... DATE ...., 19...
19. FUNERAL DIRECTOR (ADDRESS)
20. FILED 2-3, 1940 Dr J. R. Hampton, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-22, 1940

22. I HEREBY CERTIFY, That I attended deceased from ...., 19... to ...., 19...
I last saw h... alive on ...., 19... Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows: — Date of onset

Other contributory causes of importance:

Name of operation .... Date of ....
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? ....
If so, specify ....
(Signed) S. B. Hughes, M. D.
(Address) Clinton Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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