

Missouri  
1940 MAR 11 1940

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

6836  
Do not use this space.

1. PLACE OF DEATH

(a) County Iron Registration District No. 352  
(b) Township Arcadia Primary Registration District No. 5546B Registered No. 6  
(c) City or ~~Fronton Mo~~ (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 Martha M. Bucklew

(a) Residence, No. Home for Aged Baptists 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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>A. J. Bucklew</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 12 1853</u>		
7. AGE YEARS <u>86</u>	MONTHS <u>9</u>	DAYS <u>7</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as saw mill, bank, etc.		<u>Housewife retired</u>
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) <u>Pittsburg</u> (STATE OR COUNTRY) <u>Penn</u>		
13. NAME <u>William Crum</u>		
14. BIRTHPLACE (CITY OR TOWN) <u>Pennsylvania</u> (STATE OR COUNTRY) <u>1</u>		
15. MAIDEN NAME <u>Elizabeth Brockow</u>		
16. BIRTHPLACE (CITY OR TOWN) <u>France</u> (STATE OR COUNTRY) <u>1</u>		
17. INFORMANT <u>Jno. R. Burney</u> (ADDRESS) <u>Ironton Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Belfontaine St. Louis</u> DATE <u>2-20-40</u>		
19. FUNERAL DIRECTOR (NAME) <u>White &amp; Sons</u> (ADDRESS) <u>Ironton Mo</u>		
20. FILED <u>Feb 19</u> 19 <u>40</u> <u>L. J. Effinger</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 19 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10<sup>th</sup> 1940 to Feb. 19<sup>th</sup> 1940.  
I last saw her alive on Feb. 18<sup>th</sup> 1940. Death is said to have occurred on the date stated above, at 2:15 p.m.  
The principal cause of death and related causes of importance were as follows:  
Broncho Pneumonia (7 lb. Pneumonia)  
Date of onset 2/18/40

Other contributory causes of importance:  
Influenza  
Senility  
11/11  
Date of 2/15/40

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Phys. exam 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 \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) R. E. Jarland M. D.  
(Address) Ironton, Mo

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

X. 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.

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**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.....

*Paul J. White*

Licensed Embalmer No.....

*8012*

P. O. Address.....

*Worcester, Mass.*

**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.**