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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28937

Registration District No. FILED SEP 23 1940 Primary Registration District No. 5635 Registrar's No. 104

1. PLACE OF DEATH:

(a) County Lawrence

(b) ~~City or~~ town Mt. Vernon (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Sanatorium (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 427 days (Specify whether

In this community 427 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby

(c) City or town Hunnewell (If outside city or town limits write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Rollo Buckner 256

3. (b) If veteran, name war None

3. (c) Social Security No. None known

4. Sex Male

5. Color or race Black

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 19 (Day) 1913 (Year)

8. AGE: Years 27 Months 5 Days 2 If less than one day hr. min.

9. Birthplace Hunnewell (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Chauffeur

11. Industry or business

FATHER
12. Name George Washington Buckner
13. Birthplace Hunnewell (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Elizabeth Shannon
15. Birthplace Sharpsburg (City, town, or county) Missouri (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk

(b) Address Missouri State Sanatorium

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/22/1940 (Month) (Day) (Year)

(c) Place: burial or cremation Hunnewell Mo

18. (a) Signature of funeral director Geo B. Owen to Grover J. Gwin

(b) Address Mt Vernon Mo Hunnewell, Mo

19. (a) 8-23-1940 (Date received local registrar) (b) P. A. HOLMES (Registrar's signature) 421

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 22 day year 1940 hour 1:30 minute A M.

21. I hereby certify that I attended the deceased from June 22d, 1939, to Aug 22, 1940 that I last saw him alive on Aug 21, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary T.B.C.	4 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Paul H. Weden (M. D. ~~or other~~)

Address Mo State San Mo 1 Date signed 8-22-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 940-2545
Date Filed SEP 6 1948

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 Geo. B Ow

Licensed Embalmer No. 946

P. O. Address Mt Vernon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.