

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

1. PLACE OF DEATH: **St. Clair**
 (a) County: **St. Clair**
 (b) City or town: **Rural Taber Township**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: _____ (Specify whether)
 In this community: **About 3 yrs.** (years, months or days)

3. (a) PRINT FULL NAME: **JOHN FREDRICH VAN BUSKIRK**

3. (b) If veteran, name war: **No** 3. (c) Social Security No. _____

4. Sex: **Male** 5. Color or race: **White** 6. (a) Single, widowed, married, divorced: **Widowed**

6. (b) Name of husband or wife: **Elizabeth Wilt Van Buskirk** 6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: **June 16 1856**
 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
84	3	24	hr. _____ min. _____

9. Birthplace: **Md.**
 (City, town, or county) (State or foreign country)

10. Usual occupation: **farmer**
 If interested in business: **Louis Van Buskirk**

MOTHER FATHER { 12. Name: _____

13. Birthplace: **Md.**
 (City, town, or county) (State or foreign country)

14. Maiden name: **Mary Bankard**
 (City, town, or county) (State or foreign country)

15. Birthplace: **Pa.**
 (City, town, or county) (State or foreign country)

16. (a) Informant: **Mrs. Merchant**
 (b) Address: **Rockville, Mo. R.F.D. #**

17. (a) **Burial** (b) Date thereof: **OCT. 12, 1940**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Urbana, Mo.**
 18. (a) Signature of funeral director: **Fute Lewis & Son**
 (b) Address: **Schell City, Mo.**
 19. (a) **Oct 19th** (b) **Georgia Davidson**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: **Missouri** (b) County: **St. Clair**
 (c) City or town: **Rural**
 (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **10th**
 year **1940** hour **11** minute **A.M.**

21. I hereby certify that I attended the deceased from **Oct 10**, 19**40** to **Oct 10**, 19**40**
 that I last saw him alive on **Dead**, 19**40**
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Myocarditis Chronic**

Due to **Senility, & his man was dead when I arrived & treated**
 Due to **him for heart ailment 100 years ago**

Other conditions: _____
 (Include pregnancy within 3 months of death)

Major findings: **none**
 Of operations: _____
 Of autopsy: **no**

Duration
 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): **no**
 (b) Date of occurrence: **no**
 (c) Where did injury occur?: **no**
 (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) (e) Means of injury: **no**

23. Signature: **J. W. Richardson** (M. D. or other) **!**
 Address: **Urbana** Date signed: _____

RECEIVED
District Health Officer No. 7,
District File Number 11-40-1638
Date Filed 11-14-40

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

Marion M. Lewis

Licensed Embalmer No.

3084

P. O. Address

Schell City, 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.