DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43983

JAN 23 1941

Registration District No. 796

Primary Registration District No. 3038

Registrar's No. 183

1. PLACE OF DEATH:

(a) County Saline

(b) City or town MARSHALL Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Fitzgibbons Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since birth (Specify whether

In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline

(c) City or town Marshall Mo (If outside city or town limits, write "RURAL")

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

0

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

3. (a) PRINT FULL NAME Mary Buckner

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife no

6. (c) Age of husband or wife if alive no years

7. Birth date of deceased (Month) Dec 16 (Day) 1940 (Year)

8. AGE: Years 0 Months 0 Days 1 If less than one day hr. min.

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

10. Usual occupation Infant

11. Industry or business none

FATHER
12. Name Charles M. Buckner
13. Birthplace Saline (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name MARY Margaret Gordon
15. Birthplace Saline (City, town, or county) Mo (State or foreign country)

16. (a) Informant's own signature Mrs. Chas. Buckner

(b) Address MARSHALL Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 18 - 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park

18. (a) Signature of funeral director Don Shaft

(b) Address Marshall Mo

19. (a) 12-18-40 (Date received local registrar) (b) Mary Kent Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day ~~16~~ 17 year 1940 hour 7:30 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 16, 1940 to Dec. 17, 1940 that I last saw her alive on Dec. 17, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Premature: 7 Mos.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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)

(b) Date of occurrence

(c) Where did injury occur? Marshall (City or town) Saline (County) Mo (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 [illegible], M.D. (M. D. or other)

Address Marshall, Mo. Date signed 12-19-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

I X19511

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-10-41

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 Donald W. Short

Licensed Embalmer No. 3757

P. O. Address Marshall, 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, above space should be left blank.