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FILED APR 28 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11585

Registration District No. 653 Primary Registration District No. 4390 Registrar's No. 25

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

1. PLACE OF DEATH:

(a) County Pemiscot

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

(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78

(c) City or town Hayti 2 (If outside city or town limits write "RURAL")

(d) Street No. 1 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME 24 Houston H. Buckley

3. (b) If veteran, name war World war

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Ella Buckley

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased March (Month) 21 (Day) 1901 (Year)

8. AGE: Years 40 Months 0 Days 8 If less than one day hr. min.

9. Birthplace Hayti (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Lawyer

11. Industry or business

FATHER
12. Name John T. Buckley
13. Birthplace Henderson Tenn. (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Ruth Blair
15. Birthplace Lomar (City, town, or county) Ark. 1 (State or foreign country)

16. (a) Informant John T. Buckley

(b) Address Hayti Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/31/41 (Month) (Day) (Year)

(c) Place: burial or cremation Hayti Mo. 946

18. (a) Signature of funeral director Ray Funeral Home

(b) Address Hayti.

19. (a) 4/9/41 (Date received local registrar) (b) Pearl Kelley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29 1941 year hour 4.00 minute a. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Suffocation from Carbon Monoxide gas & burns.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Carbon Monoxide Poisoning & Burns.

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) Accident

(b) Date of occurrence Mar. 29, 1941

(c) Where did injury occur? Hayti (City or town) Pemiscot (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Office Bldg. (Specify type of place)

While at work? No (e) Means of injury Burning

23. Signature Jules V. Moore (M. D. or other) Coroner

Address Hayti, Mo Date signed 4/9/41

(Licensed Embalmer's Statement on Reverse Side)

SEP 8 1947

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

Jack Kelley, Registered Apprentice No.

working under my personal supervision.

Signed Jack Kelley

Licensed Embalmer No. 3788

P. O. Address Hayti 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.