

No. 2
13-40
17-39
K23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAY 9 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14130

Registration District No. 125 Primary Registration District No. 3009 State File No. Registrar's No. 126

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town
(c) Name of hospital or institution: St. Francis Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether)
In this community 75 yrs. (years, months or days)

3. (a) PRINT FULL NAME BURGESS S. BUCKNER
3. (b) If veteran, name war. - 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 6. (c) Age of husband or wife if alive 10 years
7. Birth date of deceased Sept 10 1856 (Month) (Day) (Year)

8. AGE: Years 84 Months 7 Days 8 If less than one day hr. min.

9. Birthplace Stoughton 1 Ill (City, town, or county) (State or foreign country)

10. Usual occupation Retired R.R. ENG.

11. Industry or business R.R.

12. Name James M. Buckner

13. Birthplace Stoughton 1 Ill (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Berley

15. Birthplace Stoughton 1 Ill (City, town, or county) (State or foreign country)

16. (a) Informant Henry Buckner

(b) Address Cape Girardeau, Mo.

17. (a) Burial (b) Date thereof 4-20-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairmont

18. (a) Signature of funeral director (b) Address Cape Girardeau, Mo.

19. (a) 4-18-41 (Date received local registrar) (b) J.M. Thompson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau (If outside city or town limits, write "RURAL")
(d) Street No. 733 So. Fountain (If rural, give location)
(e) If foreign born, how long in U. S. A? years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 18 year 1941 hour 8 minute 35 P.M.
21. I hereby certify that I attended the deceased from Apr 15 1941 to Apr 18 1941 that I last saw him alive on Apr 18 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Acute gastro-intestinal

Due to Senile atrophic muscular

Due to Generalized arterio sclerosis

Other conditions Myocarditis (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? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? While at work? (Specify type of place) (e) Means of injury

23. Signature Carl W. Minneman (M. D. or other) Address Cape Girardeau Date signed

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

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 *Joe G. Howell*

Licensed Embalmer No. *3390*

P. O. Address *Cape Girardeau 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.