

Registration District No. 775

Primary Registration District No. 6020-a

Registrar's No. 41

1. PLACE OF BIRTH

(a) County St. Francois
 (b) City or town Bonne Terre Mo
 (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

3. (a) PRINT FULL NAME GEORGE WM. BUCKINGHAM

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

7. Birth date of deceased January 25 1863
(Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Thomas Buckingham

13. Birthplace Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Louisa Collier

15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs William Forshee

(b) Address Bonne Terre Mo

17. (a) Burial (b) Date thereof June 13 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation B. J. Cemetery

18. (a) Signature of funeral director Benjamin Bond Co

(b) Address 313 Parkway Bonne Terre Mo

19. (a) June 11, 1941 (b) N. W. Hawkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
 (c) City or town Bonne Terre
 (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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10 year 1941 hour 6 minute _____ P. M.

21. I hereby certify that I attended the deceased from May 27, 1941 to June 10, 1941; that I last saw him alive on June 8, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis

Due to _____

Due to _____

Other conditions 1212
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 J. P. Evans (M. D. or other) _____
Address Bonne Terre Mo Date signed 6-14-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

A. J. Claywell

Licensed Embalmer No.

3706

P. O. Address

Bonne Terre 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.