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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

39658

State File No. \_\_\_\_\_

DEC 17 1941 830  
Registration District No. \_\_\_\_\_

Primary Registration District No. 4503

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Shelby

(b) City or town Shelbina, MISSOURI  
(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 90 years 1  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby

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

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

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FRANCES ELLEN BUCKLES

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28  
year 1941 hour 6:30 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from June 1941 to \_\_\_\_\_ 1941;  
that I last saw he alive on \_\_\_\_\_ 1941;  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Abner B. Buckles

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

7. Birth date of deceased: Nov. 22, 1848  
(Month) (Day) (Year)

Immediate cause of death Chronic Nephritis  
Duration 3 yr.

8. AGE: Years 92 Months 11 Days 6  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Arteriosclerosis or Hypertension

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

Due to \_\_\_\_\_

10. Usual occupation Housewife

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_

Major findings: \_\_\_\_\_

12. Name Sim Link

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

Of operations \_\_\_\_\_

14. Maiden name Unknown

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

Of autopsy \_\_\_\_\_

16. (a) Informant Mrs B.E. Robison

(b) Address Huntington, Mo.

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelbina, Mo.

(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? \_\_\_\_\_

18. (a) Signature of funeral director E. Hayes

(b) Address Shelbina, Mo.

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

19. (a) Nov 10-41 (b) Ruth James  
(Date received local registrar) (Registrar's signature)

23. Signature J.L. Simpson (M. D. or other) Dr  
Address Shelbina, Mo. Date signed 11/1/41

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

RECEIVED

District Health Officer No. 10

District File Number 12-41-2195

Date Filed DEC 15 1941

**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.....

Me....., Registered Apprentice No.....  
working under my personal supervision.

Signed E. Hayes.....  
Licensed Embalmer No. 1437.....  
P. O. Address Sheepshead 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.**