

JAN 8 1942 548
Registration District No. 548

Primary Registration District No. 4323

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Palmyra
(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 45 years. (Specify whether
In this community 45 years. (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Katie Buckner
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joe Buckner 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 26 1896
(Month) (Day) (Year)

8. AGE: Years <u>45</u>	Months <u>4</u>	Days <u>23</u>	If less than one day hr. _____ min. _____
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9. Birthplace West. Ely MO.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business _____

12. Name Alfred Julius
13. Birthplace Virginia.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Taylor.
15. Birthplace Marion Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Joe Buckner
(b) Address Palmyra Mo.

17. (a) Burial (b) Date thereof Dec. 21 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Palmyra, Mo.

18. (a) Signature of funeral director E. J. Squaque
(b) Address Palmyra, Mo.

19. (a) Dec. 20-1941 (b) Gertude Lee
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County Marion
(c) City or town Palmyra
(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.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 19
year 1941 hour 6 minute P M.
21. I hereby certify that I attended the deceased from Dec 15, 1941, to Dec 15, 1941
that I last saw her alive on Dec 15, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Indefinite
Saw one lth had history
of diabetic condition
Due to They promised to send
specy urine but did not
Due to Probably diabetic
did not see at any time
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
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? _____

(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature M. J. A. Rolles (M. D. or other) MD
Address Palmyra Mo Date signed Dec 20 41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

V. S. No. 3
50M-5-17-39
Rev. 5-17-39
1 X1931

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.

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..... *E. J. Sprague*
Licensed Embalmer No. 3245
P. O. Address Palmyra, 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.