

JAN 16 1942

Registration District No. 668

Primary Registration District No. 5890

Registrar's No. 367

1. PLACE OF DEATH:

(a) County Pettis  
 (b) City or town Green Ridge Prairie TWP  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
RURAL  
 (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 Pettis  
 (c) City or town Green Ridge  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Rural  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Melissa Buckley

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Chambers C. Buckley 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased May 18 1856  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
85 6 29  
 hr. min.

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

10. Usual occupation At home

11. Industry or business.....

MOTHER FATHER { 12. Name Granville Harvey  
 13. Birthplace Kentucky  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant Chas. Buckley  
 (b) Address Hughesville, Mo.

17. (a) Burial (b) Date thereof 12/20/41  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Hasting, Missouri

18. (a) Signature of funeral director Gillespie Funeral Home  
 (b) Address Sedalia, Missouri

19. (a) 12/19/41 (b) Mrs Anna Berger  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17  
 year 1941 hour 1130 PM minute..... M.  
 21. I hereby certify that I attended the deceased from here 17-  
1941 to here 17- 1941;  
 that I last saw her alive on here 17- 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death..... Cerebral thrombosis  
 Due to Arterio Sclerosis  
 Due to Smoking

Other conditions.....  
 (Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations..... g3a!  
 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?

While at work..... (Specify type of place) (e) Means of injury.....  
 23. Signature Sedalia (M. D. or other).....  
 Address Sedalia Date signed 12/19/41

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

RECEIVED

District Health Officer No. 8,

District File Number -----

Date Filed 1-14-42

FEB 19 1942

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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 L. E. Baillie

Licensed Embalmer No. 3867

P. O. Address Seabrook, N.J.

**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.