

FILED MAR 13 1942

Registration District No. 832

Primary Registration District No. 4523171

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Rural
(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 49 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 4 miles East of Bechtel
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11
year 1942 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia Duration 5 days
due to complications of
measles 11 days

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations 35
Of autopsy _____
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)
(b) Means of injury _____
23. Signature Howard H. Dutton (M. D. or other) ea
Address Bechtel Mo Date signed 2/13/42

3. (a) PRINT FULL NAME Will Ethel Buckingham

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

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed

(b) Name of husband or wife Charles A. Buckingham (c) Age of husband or wife if alive _____ years

7. Birth date of deceased JUNE 7 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months 8 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Luke Moss

13. Birthplace Shelby County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca See

15. Birthplace Macon County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Effie Miller
(b) Address Shelbyville Missouri

17. (a) Burial (b) Date thereof Feb. 13-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Zion

18. (a) Signature of funeral director Cliff Muggrobs
(b) Address Bechtel Missouri

19. (a) Feb. 24-42 (b) W. J. Mages
(Date received local registrar) (Registrar's signature)

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

2
0
0

1025

RECEIVED

District Health Officer No. 10

District File Number 10-42-322

Date Filed MAR 10 1942

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 Edmundusgrove
Licensed Embalmer No. 2719
P. O. Address Bethel 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.