S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

Dr. R. Willaish 17955

FILED JUN 10 1942

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 367

39
2
6

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 459 S. Main / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 40 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 39

(a) State Missouri (b) County Greene

(c) City or town Springfield (If outside city or town limits, write "RURAL") 2

(d) Street No. 459 S. Ma in (If rural, give location) 6

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Caroline Clay Buckner

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female /

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Wm. Buckner

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

7. Birth date of deceased May (Month) 1 (Day) 1865 (Year)

8. AGE: Years 77 Months 0 Days 8 If less than one day hr. min.

9. Birthplace Jefferson City (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation Home

11. Industry or business

FATHER
12. Name (Unknown) Skidmore
13. Birthplace Unknown (City, town, or county) Kentucky / (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs. Robert Williams

(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 5-11-42 (Date received local registrar) (b) Dr W S Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 year 1942 hour 11 minute 30 a. M.

21. I hereby certify that I attended the deceased from May 1 1938 to May 9 1942 that I last saw her alive on May 9 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerosis	4 yrs
Due to	
Due to	
Other conditions Age (Include pregnancy within 3 months of death)	

97

Major findings: Of operations None

Of autopsy None

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) no

(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 0

23. Signature Robert T Williams (M.D. or other)

Address Springfield Mo Date signed 5-9-42

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(Licensed Embalmer's Statement on Reverse Side)

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 Walter E Hamilton

Licensed Embalmer No. 3898

P. O. Address Springfield 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.