S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 17 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41276

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 253

1. PLACE OF DEATH:
(a) County: Marion
(b) City or town: Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Elizabeth Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether years, months or days)
In this community 26 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Marion
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: Liberty Township
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: /

3. (a) PRINT FULL NAME: Nathan Buckwalter
3. (b) If veteran, name war:
3. (c) Social Security No.: 486-16-5651
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Leona Childers
6. (c) Age of husband or wife if alive: 22 years
7. Birth date of deceased: June (Month) 26 (Day) 1916 (Year)
8. AGE: Years 26 Months 3 Days 10 If less than one day hr. min.
9. Birthplace: Palmyra (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Auto Mechanic
11. Industry or business:
FATHER 12. Name: Harry Buckwalter
13. Birthplace: Pennsylvania (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Harrett L. Harsh
15. Birthplace: Pennsylvania (City, town, or county) (State or foreign country)
16. (a) Informant: Harry Buckwalter
(b) Address: Palmyra, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/8/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenwood Cemetery Palmyra, Mo.
18. (a) Signature of funeral director: Lewis Bros
(b) Address: Palmyra, Mo.
19. (a) 10/20/42 (Date received local registrar) (b) R. W. Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6 year 1942 hour 2 minute 30 p.m.
21. I hereby certify that I attended the deceased from ..., 19..., to 10/6, 1942, that I last saw him alive on 10/6, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic terminal pneumonia. — Duration
Due to: Carbon Monoxide poisoning (Probable)
Due to:
Other conditions (Include pregnancy within 3 months of death): 178 B 14
Major findings: Of operations:
Of autopsy: Petechial hemorrhages throughout brain, Hypostatic pneumonia of both lungs

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): Probably accident 064
(b) Date of occurrence: 9/28/42
(c) Where did injury occur? Palmyra (City or town) Marion (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? No (e) Means of injury: Asleep in running car
23. Signature: J. A. Hell (M. D. or other) M.D.
Address: Palmyra, Mo. Date signed 10/7/42

1146 (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 Leo B. Lewis

Licensed Embalmer No. 2382

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, fact should be so stated above.