

25986

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1702

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 11 months (Specify whether _____)

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town So. Kinloch, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 619 and McArthur
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Russell Glenadeer Buckner

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1943 hour 7 minute A M.

4. Sex male 5. Color or face colored 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased August 12 1942
(Month) (Day) (Year)

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

8. AGE:

Years	Months	Days	If less than one day
<u>11</u>	<u>11</u>		hr. _____ min. _____

Immediate cause of death Inquest pending ✓

Due to _____

Due to _____

9. Birthplace St. Louis Co. Mo.
(City, town, or county) (State or foreign country)

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

Major findings:
Of operations _____

Of autopsy Yes ✓

10. Usual occupation _____

11. Industry or business _____

12. Name Jac Buckner

13. Birthplace Benelah Miss
(City, town, or county) (State or foreign country)

14. Maiden name Saretha Johnson

15. Birthplace Birmingham Ala
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 096

(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? _____

16. (a) Informant Saretha Buckner

(b) Address 619 and McArthur

17. (a) _____ (b) Date thereof July 26 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington PK

18. (a) Signature of funeral director A. Smith

(b) Address 619 and McArthur Kinloch

19. (a) JUL 27 1943 (b) C. D. McArthur
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury 3

23. Signature John M. Meyer (M. P. brother) _____
Address Arkwood, Mo. 7-4-45 Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 Rowan V. At
Licensed Embalmer No. 284
P. O. Address 3674 Fir

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. AUG 2 1943
Registrar's No. 1702

Registration District No. 3,17

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town So. Kirkwood
(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 (Specify whether years, months or days)

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

4. Sex M 5. Color or race B 6. (a) Single, widowed, married, divorced 5

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

7. Birth date of deceased: aug 12 1902
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ (Less than one day) _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (Date received local registrar) (b) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13 year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death Natural causes Duration _____

Due to Mechanical asphyxia

Due to _____

Other conditions (include pregnancy within 3 months of death) 182-2

Major findings: Of operations _____
Of autopsy yes

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 _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

MOTHER FATHER

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