

Registration District No. **131** Primary Registration District No. **4-196(42)2** Registrar's No. **35**

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

1. PLACE OF DEATH:  
(a) County **Grundy**  
(b) City or town **Spickard**  
(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 \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo** (b) County **Grundy**  
(c) City or town **Spickard**  
(d) Street No. **Grundy Co Franklin Township**  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Nora Buckland**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Feb** day **7**  
year **1944** hour **2** minute **00** P.M.  
21. I hereby certify that I attended the deceased from **March 1943** to **Feb 7 1944**  
that I last saw her alive on **January 29 1944**  
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Kelly Buckland** 6. (c) Age of husband or wife if alive **68** years  
7. Birth date of deceased **May 26 1874**  
(Month) (Day) (Year)

Immediate cause of death **Terminous anemia** **15 months**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) **1730**

8. AGE: Years Months Days If less than one day  
**69** **8** **11** hr. \_\_\_\_\_ min.

9. Birthplace **Mercer Co. Mo.**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Farm**

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name **Louis Hill**  
13. Birthplace **Mercer Co Mo.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Melissa King**  
15. Birthplace **Ill**  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant **Kelly Buckland**  
(b) Address **Spickard Mo.**  
17. (a) **Burial** (b) Date thereof **Feb-10-1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **North Evans Cem Grundy Co Mo.**  
18. (a) Signature of funeral director **Schoolers funeral Home**  
(b) Address **Spickard Mo.**  
19. (c) **Feb-10-44** (d) **Joh. Carl Reich**  
(Date received local registrar) (Registrar's signature)

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. Signatur **C. J. Mc Clonahan** (M. D. or other) **Mo.**  
Address **Spickard Mo.** Date signed **Feb 9 1944**

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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..... *Ross Wise* .....

Licensed Embalmer No. *3971*

P. O. Address. *Spickard Ma*

**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.**