

U. S. No. 2
DM-5-43
v. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41961**
Registrar's No. **239**

FILED DEC 16 1944
Registration District No. **211**

Primary Registration District No. **3056**

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

1. PLACE OF DEATH:

(a) County **Randolph**

(b) City or town **Moberly**

(c) Name of hospital or institution: **McCormick Hosp**

(d) Length of stay: In hospital or institution **3 days 0**

In this community **all**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Chariton**

(c) City or town **Rural**

(d) Street No. _____

(e) Citizen of foreign country? **no**

3. (a) PRINT FULL NAME **John Fred Bucksath**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **25** year **1944** hour **11** minute **45 A.M.**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Sophia Bucksath**

6. (c) Age of husband or wife if alive **62** years

7. Birth date of deceased **Nov 15 1880**

21. I hereby certify that I attended the deceased from **Nov 23 1944** to **Nov 25 1944**

that I last saw him alive on **Nov 25 1944** and that death occurred on the date and hour stated above.

8. AGE: Years **84** Months **0** Days **10**

If less than one day _____ hr. _____ min.

Immediate cause of death **anuria**

Due to **anemia**

Duration **2 ds.**

not known

9. Birthplace **Mo**

10. Usual occupation **farmer**

Due to **730**

Other conditions _____

11. Industry or business _____

12. Name **Henry Bucksath**

13. Birthplace **Germany**

14. Maiden name **Caroline Steman**

15. Birthplace **unknown**

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

16. (a) Informant **Sophia Bucksath**

(b) Address **Walton Mo**

17. (a) **Burial** (b) Date thereof **11-27-44**

(c) Place: burial or cremation **Salisbury Cem.**

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director **Geo. Blunk Kefauver**

(b) Address **Salisbury Mo**

19. (a) **11-27-44** (b) **Frank Nave**

23. Signature **H. L. McCormick** (M. D. or other) **M.D.**

Address **Moberly** Date signed **11-20-44**

1036

Norma
Maule

1115 - 1012 - 1012 - 111

RECEIVED

District Health Officer No. 10

District File Number *12-44-2014*

Date Filed DEC 14 1944

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

working under my personal supervision.

Norma Maule
Registered Apprentice No. _____

Signed _____

Licensed Embalmer No. _____

P. O. Address: _____

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.