S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 16 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17396

Registration District No. 190 Primary Registration District No. 5704 Registrar's No. 2

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Wheeling Rural Wheeling Twp
(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)
In this community 13 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

(c) City or town Wheeling Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Route No. 2
(If rural, give location)

(e) Citizen of foreign country? 6 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Jeanette May Buckner

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex female

5. Color or race white

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 February (Month) 1st (Day) 1905 (Year)

8. AGE: Years 40 Months 2 Days 15 If less than one day ___ hr. ___ min.

9. Birthplace Livingston Co (City, town, or county) Missouri (State or foreign country)

10. Usual occupation At home with parents

11. Industry or business

FATHER
12. Name Henry W. Buckner
13. Birthplace Livingston Co (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Ina Ethel Barnette
15. Birthplace Tarkio (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs Henry Buckner
(b) Address Wheeling Mo RR#2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr (Month) 20 (Day) 1945 (Year)
(c) Place: burial or cremation Wheeling cemetery

18. (a) Signature of funeral director Smiley Funeral Home
(b) Address Wheeling Mo

19. (a) 4/18/45 (Date received local registrar) (b) Ruth J. Norman (Registrar's signature) (Dep)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16th year 1945 hour 8:10 minute P M.

21. I hereby certify that I attended the deceased from ~~April~~ Feb 5, 1942 to April 16, 1945 that I last saw her alive on April 15, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Hodgkin's Disease — Duration over 3 years

Due to

Due to

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

Major findings:
Of operations

Of autopsy

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature W. H. Musgrove (M. D. or ~~other~~)
Address Wheeling Mo Date signed April 17 45

1006

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11
District File Number
Date Filed

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 self, Registered Apprentice No. , working under my personal supervision.

Signed Frank L. Smiley

Licensed Embalmer No. 4010

P. O. Address Wheeling 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.