S. No. 2
M—8-43
. 5-17-39
I X37823

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

27129

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 18 1945

Registration District No. 75 Primary Registration District No. 5291 Registrar's No. 89

1. PLACE OF DEATH:

(a) County CLAY

(b) City or town Liberty Mo. 0
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: IOOF 10 day in Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 6 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lawrence 255

(c) City or town Miller 0
(If outside city or town limits, write "RURAL")

(d) Street No. — 0
(If rural, give location)

(e) Citizen of foreign country? — 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John M. Buckley

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex M O

5. Color or race w

6. (a) Single, widowed, married, divorced widower

6. (b) Name of husband or wife —

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

7. Birth date of deceased ~~August~~ July 3 (Day) ~~1945~~ 1869 (Year)

8. AGE: Years 76 Months 0 Days 3 If less than one day hr. min.

9. Birthplace Lawrence Co (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name W. O. Buckley mk
13. Birthplace mk (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Mary Long
15. Birthplace mk (City, town, or county) mk 9 (State or foreign country)

16. (a) Informant J. E. Thomure Supt IOOF Home
(b) Address Liberty Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 6, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Miller Mo.

18. (a) Signature of funeral director Terrace Hill Funeral Home
(b) Address Liberty Mo.

19. (a) Aug 4-'45 (Date received local registrar) (b) Helen Early (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3 year 1945 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from Mar 2, 1942 to Aug 3, 1945 that I last saw him alive on Aug 3, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho pneumonia	1 wk.
Due to Cerebral Thrombosis	3
Due to General Arteriosclerosis	10
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

97

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 Burton Maltby (M. D. or other) MD
Address Liberty Mo Date signed 8-4-45

926

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 8-16-45

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 Victor E. Timmerger

Licensed Embalmer No. 2896

P. O. Address Liberty 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.