

**FILED NOV 30 1945**

Registration District No. **326**

Primary Registration District No. **4483**

Registrar's No. **52**

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

**1. PLACE OF DEATH:**

(a) County **Scotland**  
 (b) City or town **Rutledge**  
 (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 \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

**3. (a) PRINT FULL NAME** **DE LAUS Jesse Buford**

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

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Jesse M. Buford** 6. (c) Age of husband or wife if alive **74** years

7. Birth date of deceased **March 8 1867**  
 (Month) (Day) (Year)

8. AGE: Years **78** Months **7** Days **20** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Knott County Mo**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **Book Keeper**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Wellington Buford**  
 (City, town, or county) (State or foreign country)

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

14. Maiden name **Armanda Staples**

15. Birthplace **Lewis Co. Mo**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Jesse Buford**  
 (b) Address **Rutledge Mo**

17. (a) **Burial** (b) Date thereof **Oct 30 1945**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Rutledge Cemetery**  
**South Basket**

18. (a) Signature of funeral director **W. A. ...**  
 (b) Address **...**

19. (a) **Nov. 9-1945** (b) **Mrs. E. E. Parrish**  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Scotland** 99  
 (c) City or town **Rutledge Mo**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location) \_\_\_\_\_  
 (e) Citizen of foreign country? \_\_\_\_\_ (No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Oct** day **28**  
 year **1945** hour **11** minute **2** A.M.  
 21. I hereby certify that I attended the deceased from **Aug - 5 - 46**  
**Oct - 28 - 1945** to **19** 19\_\_\_\_;  
 that I last saw him alive on **Oct - 28 - 1946**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis (Chronic)**  
 Duration \_\_\_\_\_

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations **72d**  
 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:  
 (c) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (d) Date of occurrence \_\_\_\_\_  
 (e) 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 **2**  
 23. Signature **E. J. Dennis** (M. D. or other) **DO**  
 Address **Rutledge Mo** Date signed **11/8/46**

RECEIVED

District Health Officer No. 10

District File Number 11-45-1760

Date filed NOV 27 1945

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.....

Licensed Embalmer No. 1817

P. O. Address Wyandotte, 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.