DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 14 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42559

State File No.

Registration District No. 323 Primary Registration District No. 6089-3072 Registrar's No. 55

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

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Fitzgibbons (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 Saline 97

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Alma Jane Buie

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex F

5. Color or race W

6. (a) ~~Single, widowed, married, divorced~~ Child

6. (b) Name of husband or ~~wife~~

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

7. Birth date of deceased 4 - 13 (Month) (Day) 1945 (Year)

8. AGE: Years | Months | Days | If less than one day 90 hr. 40 min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Ledrue Ira Buie
13. Birthplace Sweet Springs (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Margaret E. Coutter
15. Birthplace Amarillo (City, town, or county) Texas (State or foreign country)

16. (a) Informant Mrs Ledrue Buie

(b) Address Sweet Springs Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-14-1945 (Month) (Day) (Year)

(c) Place: burial or cremation Sweet Springs Mo

18. (a) Signature of funeral director Jesse Harvey

(b) Address Sweet Springs Mo

19. (a) 12/3/45 (Date received local registrar) (b) Dolly Andrews (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13 year 1945 hour 10 minute A.M.

21. I hereby certify that I attended the deceased from April 13-1945 April 13 1945 to , 19 ; that I last saw her alive on April 13-1945 , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia — Duration 11 hrs

Due to New born

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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 Chas. R. Parsons (M. D. or other) M.D.

Address Sweet Springs Mo Date signed 6-7-45

1215

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-11-46

14652

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 Jesse Harvey

Licensed Embalmer No. 2214

P. O. Address Sweet Springs 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.