

**FILED** MAY 30 1946  
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2081

1. PLACE OF DEATH:  
(a) County Char Jackson  
(b) City or town Dalton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Lakeride Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
(Specify whether  
In this community 1 day  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Chariton 21  
(c) City or town Dalton 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mabelle C. Buckrath

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 46 7<sup>th</sup>  
year 1946 hour 4:50 PM minute 50 P.M.

3. (b) If veteran, name war no 3. (c) Social Security No. none

21. I hereby certify that I attended the deceased from May 6 1946  
1946 to May 7 1946  
that I last saw her alive on May 7 1946  
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive 2 years  
7. Birth date of deceased Nov. 1874  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

8. AGE: Years 71 Months 7 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Intestinal Obstruction  
Mechanical - terminal ileum 4 days  
Due to Operated May 6 - 1946  
Auto-intoxication

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

Other conditions None  
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings: Terminal ileum acutely  
Kentel & iterated 16" jejun  
Of autopsy none - operative

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Christopher roll 1  
13. Birthplace unknown 1  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown 4  
15. Birthplace unknown 4  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) None  
(b) Date of occurrence None  
(c) Where did injury occur? None  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
None

16. (a) Informant Mrs. Gus Buckrath  
(b) Address Dalton, Mo.  
17. (a) Burial (b) Date thereof 5-10-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Dalton Mo

While at work \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director John A. Cantlon  
(b) Address Buckrath, Mo.  
19. (a) 5-8-46 (b) Gertrude Holmes  
(Date received local registrar) (Registrar's signature)

23. Signature George J. Coney (M. D. or other)  
Address 116 W. 47th St, Mo. Date signed 5/2/46

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

15443

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**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 John A. Cantlon  
Licensed Embalmer No. 4387  
P. O. Address Brunswick, 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.**