

No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 15 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35907
Registrar's No. _____

Registration District No. 259

Primary Registration District No. 6217

1. PLACE OF DEATH:

(a) County Jennett
(b) City or town Neosho Rural, Basque Top
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R. R. #3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 1 1/2 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jennett
(c) City or town Neosho - Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Basque Top R.R. #3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Hattie Elizabeth Bucklew

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife Irish Bucklew 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 19 1860
(Month) (Day) (Year)

8. AGE: 85 Years 10 Months 11 Days If less than one day hr. min.

9. Birthplace Hannover City, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name E. E. Bracke

13. Birthplace _____ 9
(City, town, or county) (State or foreign country)

14. Maiden name _____ 9

15. Birthplace _____ 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. George C. Wickham

(b) Address 221 East 2nd St. Hannover, Mo.

17. (a) Burial (b) Date thereof Nov 1 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Neosho Rural, Mo.

18. (a) Signature of funeral director Henry J. ...

(b) Address Neosho, Mo.

19. (a) Nov 4, 1946 (b) Mrs. Ruth Faith
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30
year 1946 hour 1 minute 30 P.

21. I hereby certify that I attended the deceased from Oct. 28 1946 to Oct. 28 1946
that I last saw her alive on Oct. 28 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis
Due to Hemiplegia left side of brain

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

Major findings: Of operations 83D
Of autopsy _____

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? _____

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

23. Signature C. L. Keithly (M. D. _____)
Address Neosho, Mo. Date signed 11-2-46

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

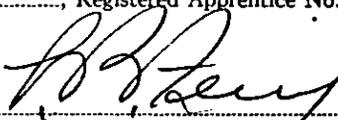
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

97-21-11
8702-97-01

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. 1760.

P. O. Address..... *Kevin M. ...*

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.