S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37892

FILED DEC 4 1946

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 447

1. PLACE OF DEATH:
(a) County Pettis.
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell Hosp. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hours (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pettis 80
(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")
(d) Street No. 801 E. 7th. 4
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No) 0
If yes, name country ✓

3. (a) PRINT FULL NAME William Eugene Buckley

3. (b) If veteran, name war ✓

3. (c) Social Security No. 722-07-1637

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased Sept. (Month) 29 (Day) 1927 (Year)

8. AGE:

Years	Months	Days	If less than one day
19	1	21	hr. min.

9. Birthplace Sedalia (City, town, or county) Mo (State or foreign country) O

10. Usual occupation Filling Station Attendant

11. Industry or business

FATHER
12. Name Walter W. Buckley
13. Birthplace Clinton (City, town, or county) Mo (State or foreign country) O

MOTHER
14. Maiden name Marie Lappat
15. Birthplace Cole Camp (City, town, or county) Mo (State or foreign country) O

16. (a) Informant Walter W. Buckley
(b) Address 801 E. 7th Sedalia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. (Month) 23 (Day) 46 (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director McLaughlin Bros
(b) Address Sedalia Mo.

19. (a) 11-23-46 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20
year 1946 hour 4:55 minute P M.

21. I hereby certify that I ~~attended~~ viewed the deceased from as coroner Nov. 20, 1946, to ____, 19__;
that I last saw h____ alive on ____, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Concussion of Brain	1 Day
Due to Being hit in head by a hammer	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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:
(a) Accident, suicide, or homicide (specify) accident 1 2 2
(b) Date of occurrence 11/20/46
(c) Where did injury occur? Sedalia (City or town) Pettis (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)
While at work? no (e) Means of injury hammer 2

23. Signature Dr. K. L. Holdren (M. D. or other) D.O.
Address 315 Fly. Bldg. Sedalia, Mo Date signed 11/21/46

Coroner

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-30-46

FEB 13 1947

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 K. P. McGrary

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.