

**1. PLACE OF DEATH:**

(a) County Saline  
(b) City or town Marshall, Route # 4.  
(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 All his life  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Saline 97  
(c) City or town Marshall, Route # 4. 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 Finis L. Buie  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. None

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Laura Buie  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased November 29th, 1864  
(Month) (Day) (Year)

8. AGE: Years 81 Months 11 Days 25  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Retired farmer

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

MOTHER FATHER {  
12. Name Harvey Buie  
13. Birthplace Saline county, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Julia Elgin  
15. Birthplace Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Toy Buie  
(b) Address Marshall, Mo. Route #4.

17. (a) Burial (b) Date thereof Nov. 26, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive cemetery

18. (a) Signature of funeral director Caughill Buie

(b) Address Marshall, Mo.

19. (a) 12-4-46 (b) Mrs. O. Westbrook  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 24 11  
year 1946 hour 3 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 13 1942 to Nov 24 1946  
that I last saw him alive on Nov. 23 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction  
Duration 3 mo.

Due to M. Parenchymatous  
Due to Myocardial 17 mo

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

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 130

**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?

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

23. Signature Robert... (M. D. or other) \_\_\_\_\_  
Address Marshall Mo. Date signed 11-25-46

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

12-21-46

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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. Peurifoy*

Licensed Embalmer No. 1171

P. O. Address... *Marshall*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**