

FILED FEB 11 1947

Registration District No. ....

Primary Registration District No. 3002

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Andrew  
(b) City or town Mexico  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1100 Black E. Liberty St. Mexico Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 2 (Specify whether  
In this community. ✓ years, months or days)

3. (a) PRINT FULL NAME John Henry Buckner  
(b) If veteran, name war. \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Negro  
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 Mar. 18 1927  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
19 10 24 hr. min.

9. Birthplace Sedalia Mo. U  
(City, town, or county) (State or foreign country)  
10. Usual occupation laborer

11. Industry or business  
12. Name John Buckner  
13. Birthplace Smithton Mo. U  
(City, town, or county) (State or foreign country)  
14. Maiden name Lucille Brown  
15. Birthplace Gumbo Mo. U  
(City, town, or county) (State or foreign country)

16. (a) Informant Lucille Brown  
(b) Address 518 N. Moniteau Sedalia  
17. (a) Burial (b) Date thereof 2-8-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sedalia, Mo.

18. (a) Signature of funeral director D. J. Alexander  
(b) Address 400 W. Coffey - Sedalia  
19. (a) 2/7/47 (b) B. R. Neely  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis  
(c) City or town Sedalia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 518 N. Moniteau  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb, day 4  
year 1947 hour 11:45 minute P M.  
21. I hereby certify that I attended the deceased from  
Coroner to Case 19\_\_\_\_  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above

Immediate cause of death Cardiovascular Disease (Duration)  
1100 Black East Liberty St.  
Prudg or poisoning  
Due to Antimony milk and  
Antimony of the skull  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy Fractured skull + Contents of skull  
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 004  
(b) Date of occurrence Feb 4 - 1947  
(c) Where did injury occur? Missouri Anderson Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
1100 Black - 1100 Black East Liberty St.  
(Specify type of place)  
While at work? No (e) Means of injury Ant. Milk  
23. Signature S. C. Adams (M. D. or other)  
Address Missouri Mo Date signed 2-5-47

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

MOTHER FATHER

coll. with filed object

RECEIVED  
District Health Officer No. 10  
District File Number 2-47-326  
FEB 10 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.....

Earl E. Pugh....., Registered Apprentice No.....

working under my personal supervision.

Signed.....Earl E. Pugh.....

Licensed Embalmer No 3189.....

P. O. Address.....New 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.**