

Registration District No. _____ Primary Registration District No. **3000** Registrar's No. **29**

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

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirkville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
615 E. Harrison
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 30 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

(c) City or town Kirkville
(If outside city or town limits, write "RURAL")

(d) Street No. 615 E. Harrison
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME FRED RAYMOND BUCK

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex M Color or race W

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

6. (b) Name of husband or wife Laura

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased July 6 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>6</u>	<u>28</u>	hr. _____ min. _____

9. Birthplace McGregor Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman (Retired)

11. Industry or business drugs

12. Name William M. Buck

13. Birthplace McGregor Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Jennie Bowen

15. Birthplace McGregor Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Laura Buck

(b) Address Kirkville, Missouri

17. (a) Burial (b) Date thereof 2-6-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hills

18. (a) Signature of funeral director Summers & Powell

(b) Address Kirkville, Mo

19. (a) 2-12-47 (b) W. Lambert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4
year 1947 hour 3:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____ to 2/4/47, 19____
that I last saw him alive on 1/27/47, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion by embolism Duration _____

Due to _____

Due to _____

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

Major findings: AAA

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) _____

(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? _____

(Specify type of place)

While at work? _____ (e) Means of injury 2

23. Signature W. Lambert (M.D. or other) _____
Address Kirkville, Mo. Date signed 2/10/47

RECEIVED
District Health Officer No. 10
District File Number 2-47-253
Date Filed FEB. 17. 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.....

James J. Taylor....., Registered Apprentice No. 436
working under my personal supervision.

Signed W. C. Summers.....

Licensed Embalmer No. 2159

P. O. Address Richsville, 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.