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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 16 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17850**

Registration District No. **155** Primary Registration District No. **5579** Registrar's No. **68**

1. PLACE OF DEATH:
(a) County **Jasper**
(b) City or town **Paris**
(c) Name of hospital or institution:
RURAL; MINERAL TOWNSHIP
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **57 yrs** years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jasper**
(c) City or town **R# Paris**
(d) Street No. **RURAL; MINERAL TOWNSHIP**
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **George J. Buckingham**
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex **Male** **5. Color or race** **White**
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife **Widowed** **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased **May 25 1857**
(Month) (Day) (Year)

8. AGE: Years **89** Months **11** Days **7** If less than one day _____ hr. _____ min.

9. Birthplace **England**
(City, town, or county) (State of foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **George J. Buckingham**

13. Birth place **England**
(City, town, or county) (State of foreign country)

14. Maiden name **Charlotte**

15. Birthplace **England**
(City, town, or county) (State of foreign country)

16. (a) Informant **Wm. E. Whitfield**
(b) Address **R# 1 Paris MO**

17. (a) (Burial, cremation, or removal) **Burial** (b) Date thereof **May 5 1947**
(Month) (Day) (Year)

(c) Place: burial or cremation **First Memorial Park**

18. (a) Signature of funeral director **Walt C. ...**
(b) Address **Walt C. ...**

19. (a) MAY 3; 1947 (Date received local registrar) (b) **W. E. Whitfield** (Registrar's signature) **157**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **2** year **1947** hour **12:30** minute **P.** M.
21. I hereby certify that I attended the deceased from **Did Not Attend** '19...; that I last saw him **alive on** '19...; and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**
Due to _____
Due to _____

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

Major findings: Of operations _____ 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) (c) Means of injury _____
Signature **A. H. ...** (M. D. or other) **2**
Address **2114 Jasper** Date signed **5/3/47**

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

47-4-401

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 Clayton M. Johnston
Licensed Embalmer No. 4304
P. O. Address Webb City, 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.