

No. 30-47  
5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 13786  
Registrar's No. 141

FILED MAY 11 1948  
Registration District No. 316

Primary Registration District No. 6074

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

1. PLACE OF DEATH:  
(a) County St. Francois  
(b) City or town Cantwell, mo  
(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 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Joe Buffington  
3. (b) If veteran, name war: \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex mo 5. Color or race w 6. (a) Single, widowed, married, divorced widow  
6. (b) Name of husband or wife Rosa Buffington 6. (c) Age of husband or wife if alive dead years  
7. Birth date of deceased: Oct 10 1866  
(Month) (Day) (Year)

8. AGE: Years 82 Months 0 Days 13 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace: Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business Retired

12. Name Joseph Buffington

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

14. Maiden name unknown

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

16. (a) Informant Eula Kinsey

(b) Address Cantwell, mo

17. (a) Burial (b) Date thereof Apr 20 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jeffer, mo

18. (a) Signature of funeral director Edw. L. Taylor  
(b) Address Flat 100

19. (a) 5-7-48 (b) Ether R. Kudo  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Francois  
(c) City or town Cantwell, mo  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 23 day April  
year 1948 hour 10:25 minute A.M.  
21. I hereby certify that I attended the deceased from April 10  
1948 to April 23, 1948.  
that I last saw him alive on April 21, 1948.  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 13 days

Due to Arteriosclerotic cardiovascular disease  
Due to \_\_\_\_\_

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

Major findings: Of operations 93 D  
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? \_\_\_\_\_

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

23. Signature J. L. Foster (M. D. or other) \_\_\_\_\_  
Address Dealey MO Date signed 5-8-48

AUG 20 1948

RECEIVED

Health Officer No. Y  
District File Number 348-610  
Date Filed 5-10-48

**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 W. A. Caldwell  
Licensed Embalmer No. 3317  
P. O. Address. Flat River

**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.**