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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 9 1948

Registration District No. 274

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20319

Primary Registration District No. 3052

Registrar's No. 177

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 301 E. Jefferson 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 28 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pettis 80
(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")
(d) Street No. 301 E. Jefferson 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME ETHEL J. BUCKNER
3. (b) If veteran, name war ____
3. (c) Social Security No. 1
4. Sex F 3
5. Color or race N
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cord Buckner
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased 4 (Month) 16 (Day) 1894 (Year)

8. AGE: Years 54 Months 2 Days 5 If less than one day ____ hr. ____ min.

9. Birthplace Pettis Co Mo 0
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Self
FATHER
12. Name John Thomas Byrd 0
13. Birthplace Pettis Co Mo
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Evie Davis
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant Cord Buckner
(b) Address 301 E. Jefferson Sedalia Mo
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 6-25-48 (Month) (Day) (Year)
(c) Place: burial or cremation Glenwood Cemetery
18. (a) Signature of funeral director [illegible]
(b) Address 117 E. Jefferson Sedalia Mo
19. (a) 6-25-48 (Date received local registrar) (b) Betty Yeager Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1948 hour ____ minute 3 P. M.
21. I hereby certify that I attended the deceased from June 14, 1948, to June 20, 1948 that I last saw her alive on June 21, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia — Duration
Due to Bronchial Asthma
Due to
Other conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 10

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? — 0
(Specify type of place)
While at work? (e) Means of injury
23. Signature A. R. Maddox (M. D. ~~or other~~) M.D.
Address 116½ W. Main Sedalia Mo. Date signed 6-23-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed, 7-8-48

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 F. D. Ferguson

Licensed Embalmer N[redacted]2

P. O. Address [redacted]lia

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

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