FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 27 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22938

Registration District No. 132 — Primary Registration District No. 5480 — Registrar's No.

1. PLACE OF DEATH:

(a) County: Grundy
(b) City or town: Rural — Trenton, Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4½ miles S.E. of Trenton, Mo. Route #3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 55 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Grundy 40
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: Trenton, Mo. Route #3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: SARAH ANN ISABELLE BUCKERT

3. (b) If veteran, name war: —
3. (c) Social Security No.: —

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Ed Buckert
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: January (Month) 1 (Day) 1860 (Year)

8. AGE: Years 88 | Months 5 | Days 1 | If less than one day — hr. — min.

9. Birthplace: Sheridan Bath County (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation: Invalid
11. Industry or business: Home

FATHER
12. Name: James Stewart
13. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name: Nancy Campbell
15. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant: Mrs A. W. Campbell
(b) Address: Trenton, Mo. R3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 4, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Rural Dale Cemetery
18. (a) Signature of funeral director: Raymond A. Davis
(b) Address: Trenton, Mo.
19. (a) 6/4/48 (Date received local registrar) (b) Irene Fair (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2 year 1948 hour 5:30 minute P.M.

21. I hereby certify that I attended the deceased from June, 1947, to June 2, 1948 that I last saw her alive on June 1, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: General Anasarca	2 mo
Due to: Mitral Regurgitation	
Due to: Chronic Nephritis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN
Underline the cause of 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

23. Signature: [signature] (M. D. or other)
Address: Trenton Mo. Date signed: 6/4/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Myself Registered Apprentice No. working under my personal supervision.

Signed Walter E. Moyer

Licensed Embalmer No. 4491

P. O. Address Trenton 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.