| b. CITY (II outside corporate limits, write RURAL and give township) OR DIN MA PShall d. FULL NAME OF (II sot is houghts) or institution, cive street address or location) ATT W MATION 3. NAME OF (II sot is houghts) or institution, cive street address or location) OR DIN MATION 3. NAME OF (II sot is houghts) or institution, cive street address or location) OR DIN MATION 3. NAME OF (II sot is houghts) or institution, cive street address or location) OR DIN MATION 3. NAME OF (II sot is houghts) or institution, cive street address or location) OR DIN MATION 3. NAME OF (II sot is houghts) or institution, cive street address or location) OR DIN MATION 1. SEX (II street) OR CITY (II outside corporate limits, write RURAL and give township) OR DIN MATION 1. STRET (II rural, give location) ATT WEST (II street) OR DIN MATION OR CITY (II street) OR DIN MATION OR DIN MATION OR DIN OR DIN OR DIN MARKED OR DIN MATION OR DIN DIN OR DIN DIN OR DI | (Day) (Year) 1953 (Day) F DECER M MCS. |
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| SIRTH NO. REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No | (Day) (Year) (Day) (Year) (Day) Hours Min. |
| a. STATE Saline b. CITY (If outside corporate limits, write RURAL and give township) C. LENGTH OF OR TOWN MATSHALL d. FULL NAME OF (If sot in beorgial or institution, give street address or location) INSTITUTION A73 W MATION 3. NAME OF (If sot in beorgial or institution, give street address or location) INSTITUTION A73 W MATION 3. NAME OF (If sot in beorgial or institution, give street address or location) INSTITUTION A73 W MATION 5. SEX O C. CLOR OR RACE (If the The T the Season of the Annual Control of the The T the T | (Day) (Year) |
| b. CITY (If outside corporate limits, write RURAL and give township OR TOWN MA TShall G. CHYL NAME OF (If not in hospital or lestitution, cirve street address or location) G. FULL NAME OF (If not in hospital or lestitution, cirve street address or location) J. NAME OF (If not in hospital or lestitution, cirve street address or location) J. NAME OF (If not in hospital or lestitution, cirve street address or location) J. NAME OF (If not in hospital or lestitution, cirve street address or location) J. NAME OF (If not in hospital or lestitution, cirve street address or location) J. NAME OF (If not in hospital or lestitution, cirve street address or location) J. NAME OF (If not in hospital or lestitution, cirve street address or location) J. NAME OF (If not in hospital or lestitution, cirve street address or location) J. NAME OF (If not in hospital or lestitution, cirve street address or location) J. NAME OF (If not in hospital or lestitution, cirve street address or location) J. NAME OF (If not in hospital or lestitution, cirve street address or location) J. NAME OF (If not in hospital life, write location) J. NAME OF (If not in hospital life, write location) J. NAME OF (If not in hospital life, write location) J. NAME OF (If not in hospital life, write location) J. NAME OF (If not in hospital life, write location) J. NAME OF (If not in hospital life, write location) J. NAME OF (If not in hospital life, write location) J. NAME OF (If not in hospital life, write location) J. NAME OF (If not in hospital life, write location) J. NAME OF (If not in hospital life, write location) J. NAME OF (If not in hospital life, write location) J. NAME OF (If not in hospital life, write location) J. NAME OF (If not in hospital life, write location) J. NAME OF (If not in hospital life, write life in hospital life, write life in hospital life, write location) J. NAME OF (If not in hospital life, write life in hospital life, location) J. NAME OF (If not in hospital life, write life in hospital life, location | (Day) (Year) 1953 TEAR F DECEA M HES. AND Hours Min. |
| d. FULL NAME OF MOSTITAL OR MATTOR 3. NAME OF DECEASED (17) DECEASED (18) DECEASED (1 | TEAR OF DECEM M MES. Hours Min. |
| 3. NAME OF DECEASED PARTIES 1. COLOR OR RACE 7. MARRIED, NEVER | TEAR OF DECEM M MES. Hours Min. |
| ASSET S. SEX S. COLOR OR RACE 7. MARRIED. NEVER MARRIED. WIDOWCED. (Bypectry) March 7. 1889 S. Gale (Bryant) Widowcatter (Bypectry) March 7. 1889 S. DATE OF BIRTH 9. AGE (Bryant) Widowcatter (Bypectry) March 7. 1889 S. DATE OF BIRTH 9. AGE (Bryant) Widowcatter (Bypectry) March 7. 1889 S. DATE OF BIRTH 9. AGE (Bryant) Widowcatter (Bypectry) March 7. 1889 S. DATE OF BIRTH 9. AGE (Bryant) Widowcatter (Bypectry) March 7. 1889 S. DATE OF BIRTH 9. AGE (Bryant) D. MOTHER'S MAIDEN NAME 11. BIRTHPLACE (City and State or Foreign Constitution) Country Missouri City and State or Foreign Constitution Country City Ci | TEAR OF DECEM M MES. Hours Min. |
| S. SEX | Ays Hours Min. |
| Martied Mar |) |
| Janitor Phurch Saline County, Missouri 13. Mather's Mame William Buford Salving Tibbs. Mrs.Ida Buford Salving Tibbs. Mrs.Ida Buford Mrs.Ida Buford Mrs.Ida Buford 13. Mather on Make of Husband or wife Mrs.Ida Buford Mrs.Ida Buford Mrs.Ida Buford Mrs.Ida Buford Mrs.Ida Buford Marshall. Mis Medical Certification Medical Certification This does not mean Me mode of sping, such Marshall. Mis Medical Certification This does not mean Me mode of sping, such Marshall. Mis Medical Certification Medical Certification This does not mean Medical Certification Mrs.Ida Buford Marshall. Mis Medical Certification This does not mean Medical Certification Mrs.Ida Buford Marshall Mis Medical Certification Medical Certification This does not mean Medical Certification Medical Certification Mrs.Ida Buford Marshall Mis Medical Certification Me | |
| 13b. MOTHER'S MANE WITTIAM BUTOR Salving Tibbs. Mrs.Ida Buford Salving Tibbs. Mrs.Ida Buford Salving Tibbs. Mrs.Ida Buford Salving Tibbs. Mrs.Ida Buford To None Salving Tibbs. Mrs.Ida Buford 17. Informant's Signature or Name Medical Certification None Scause of Death Interculy one course per ine for (a), (b), and (c) Thats does not mean has the discensification of the mode of spring, such a heart failure, asthenia, it. It means the discensification of the document of the discensification of the model of spring, such in which caused death. 9a. Date of Operation 1b. Maior findings of Operation Conditions contributing to the death but not related to the discense or conditions of the discense or conditions or cond | CITIZENOF WHAT COUNTRY? U.S.A. |
| 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY IT. INFORMANT'S SIGNATURE OR NAME Yes, no. or unknown) (If yes, rive war or dates of service) 497-26-4037 Mrs. Ida Buford Marshall Mis MEDICAL CERTIFICATION INFORMANT'S SIGNATURE OR NAME (It yes, rive war or dates of service) 497-26-4037 Mrs. Ida Buford Marshall Mis MEDICAL CERTIFICATION INFORMANT'S SIGNATURE OR NAME (It yes, rive war or dates of service) A97-26-4037 Mrs. Ida Buford Marshall Mis MEDICAL CERTIFICATION INFORMANT'S SIGNATURE OR NAME (It yes, rive war or dates of service) II. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CR & PRA (It yes, rive to the door cause (a) stating the underlying cause last. ANTECEDENT CAUSES ANTECEDENT CAUSES DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 11a. ACCIDENT (Bpecity) 21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE 11d. TIME (Mosth) (Day) (Tour) (Hour) Discon, farm, factory, street, office bidge, etc.) 11d. TIME (Mosth) (Day) (Tour) (Hour) NOT WHILE TOWN WORK AT WORK 21f. HOW DID INJURY OCCUR? 11d. TIME (Mosth) (Day) (Tour) (Hour) NOT WHILE TOWN WORK AT WORK 21f. HOW DID INJURY OCCUR? 12f. HOW DID INJURY OCCUR? 12ff. HOW DID INJURY OCCUR? | |
| No. no or unknown) (If yes, sive war or dates of service) 497-26-4037 Mrs. Ida Buford, Marshall Miss. 8. CAUSE OF DEATH Enter only one course per inc for (a), (b), and (c) *This does not mean he disc. It means the disc. | |
| MEDICAL CERTIFICATION Enter only one cause per line for (a), (b), and (c) *This does not mean the man the distribution of the line in th | ADDRESS |
| *This does not mean the mode of dying, such as heart fallure, asthemia, as heart fallure, asthemia, as heart fallure, asthemia, the underlying cause last. DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition consistion death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Mossib) (Day) (Tour) (Hour) 21e. INJURY OCCURRED WHILE AT WORK AT WORK 21d. Time (Mossib) (Day) (Tour) (Hour) 21e. INJURY OCCURRED WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from THE 12 , 1953, that I last a alive on FED 16 , 1953, and that death occurred at 5: AOp. m., from the causes and on the date stated of the date of the date stated of the date stated of the date of the d | INTERVAL BETWEEN ONSET AND DEATH |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21b. PLACE OF INJURY (s.g., throrabout SUICIDE HOMICIDE County 10b. Major (Foat) 21b. PLACE OF INJURY (s.g., throrabout SUICIDE HOMICIDE 10b. Major (Foat) 21b. INJURY OCCURRED 21d. TIME (Mosth) (Day) (Toat) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE 10b. Major (Foat) (Hour) 10b. Major (Ho | · - |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 33/X 21a. ACCIDENT SUICIDE bome, farm, factory, ettert, office bedg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 21d. TIME (Month) (Day) (Tear) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? 21f. How DID | |
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| SUICIDE HOMICIDE 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK 22. I hereby certify that I attended the deceased from 146/2, 1957, to Feb. 16, 1953, that I last a alive on Feb. 16, 1953 and that death occurred at 5:40p. m., from the causes and on the date stated of the causes are causes and on the date stated of the causes and on the date stated of the causes are causes and on the date stated of the cause of the causes are causes and on the date stated of the cause of the causes are causes and on the date stated of the cause of the cause of the causes are causes and on the date stated of the cause of the ca | 20. AUTOPSY? |
| NJURY WHILE AT NOT WHILE | (STATE) |
| alive on Feb. 16 , 19 53, and that death occurred at 5: 40p m., from the causes and on the date stated of | |
| | · · |
| SIGNATURE 2 1 | saw the deceased |
| 240. BURYAL, CREMA- 240. DATE 240. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county | saw the deceased |
| Burial 2/27/55 Fuck Clean | saw the deceased above. 23c. DATE SIGNED 2 -/8 203 |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 3 8 5 25 JUNERAL DIRECTOR & SHATURE ADDITION OF THE PROPERTY ADDITION OF THE PR | saw the deceased above. 22c. DATE SIGNED 2 -/8 202 |
| (Licenson limbalmer's Statement on Reverse Side) | saw the deceased above. 23c. DATE SIGNED 2 -/8 203 |

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.

Student Embelner Ro.

Student Embalmer

Student Embalmer No. 4220

P. O. Address Alabahall Ro. Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

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

the above constitutes grounds for revocation of license.)