REC'D JAN 9 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

42316
Do not use this space.

1. PLACE OF DEATH
(a) County Boone 2 Registration District No. 72
(b) Township Bourbon 1 Primary Registration District No. 5111 Registered No.
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 536 Serena Frances Mandorin
(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 27 1860
7. AGE: YEARS 78 MONTHS 10 DAYS 25 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cass Co. Mo. 0

FATHER
13. NAME Frederick Buckley 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Isabelle Duffield
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia 1

17. INFORMANT (ADDRESS) Josaphine Tindall Rock Island Ill.
18. BURIAL, CREMATION, OR REMOVAL PLACE Osawatomie Kans DATE 12/26/1938
19. FUNERAL DIRECTOR (ADDRESS) M. J. McDonald Centralia Mo.
20. FILED 12/27/38 19 [signature] Local Registrar. 8923

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 22 1938 19
22. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1938, to 8, 19
I last saw her alive on , 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:
Cirrhosis of liver
Date of onset
124 B
Other contributory causes of importance:
Senility
Name of operation non Date of
What test confirmed diagnosis? Thus Exam Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) [signature], M. D.
(Address) Centralia Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
50M-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, H. J. McDonald, Licensed Embalmer No. 2589

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Same

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed H J McDonald

Licensed Embalmer No. 2589

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.)