

REC'D JAN 24 1939

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

43150

Do not use this space.

## 1. PLACE OF DEATH

(a) County Greene Registration District No. 316  
(b) Township Boone Primary Registration District No. 5435  
(c) City Ash Grove (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. da. (f) How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. mos. da.

## 2. PRINT FULL NAME

(a) Residence, No. 256 South Frances Buckner St. Ash Grove Mo.  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 14 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
77 2 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Lousa keeper  
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) California

FATHER 13. NAME J. S. Buckner  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

MOTHER 15. MAIDEN NAME Elizabeth Stone  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) California

17. INFORMANT (ADDRESS) Mrs. W. E. West  
Ash Grove, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Seabury Creek DATE Dec-6 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Brin Funeral Service  
Ash Grove Mo.

20. FILED Dec 8 - 1938 Mrs. Leonard Jones  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5 - 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1938, to Dec-9, 1938

I last saw her alive on Dec 2nd, 1938. Death is said to have occurred on the date stated above, at 3a. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary edema

Other contributory causes of importance:

chronic interstitial nephritis with Hypertension.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical 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) Charles H. McFadden, M. D.

(Address) Ash Grove Mo.

(License/ Embalmer's Statement on Reverse Side)

WHILE 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.

I X16603

**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 *Gene A. Pinn* .....

Licensed Embalmer No. 2664 .....

P. O. Address Walnut Grove, 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, above space should be left blank.**