DEC JAN 2 1938

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

44142
Do not use this space.

1. PLACE OF DEATH

(a) County Pike 2 Registration District No. 688

(b) Township ~~Peno~~ Primary Registration District No. 4412 Registered No. 27

(c) City Frankford Mo 1 (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 58 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 58 yrs. mos. ds.

2. PRINT FULL NAME Mary Isabellth Bucks

(a) Residence, No. Frankford Mo St. ☐ .....
(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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John K Bucks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 31 1874

7. AGE: Years 64 | Months 1 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife
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): Mount Healy Canada 2

FATHER
13. NAME: Thomas Richardson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Glastelds Scotland 4

MOTHER
15. MAIDEN NAME: ~~Jessie~~ Jeanette Stratton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Duns Scotland 4

17. INFORMANT (ADDRESS): Kennedy S. Bucks. Frankford.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Frankford Cem DATE Dec 6 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Fields and Son Frankford Mo

20. FILED Dec 19 1938 Mattie Unsell
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 4 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1938, to Dec. 4, 1938
I last saw her alive on Dec. 4, 1938 Death is said to have occurred on the date stated above, at 3:40 a.m.
The principal cause of death and related causes of importance were as follows:

Organic heart disease — Date of onset

95 B2

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....
If so, specify .....
(Signed) O. W. Goodness, M. D.
619 (Address) Frankford, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 10
District File Number 10-38-957
Date Filed 1/14/39

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, J. B. Sterne and ~~or~~ by

Registered Apprentice No....., working under my personal supervision.

Signed J. B. Sterne

Licensed Embalmer No. 4039

P. O. Address Louisiana Mo.

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

If this body is not embalmed, above space should be left blank.