

REC'D FEB 15 1939

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

2332

Do not use this space.

## 1. PLACE OF DEATH

(a) County GREENE Registration District No. 318  
(b) Township GREENE Primary Registration District No. 2007 Registered No. 68  
(c) City SPRINGFIELD (d) Street No. 1002 West Thomas St. 22  
(e) Length of residence in city or town where death occurred in yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

(a) Residence, No. 1002 W. Thomas St. 22  
(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 Infant

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 13, 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
✓ 0 2 8 ~~22~~

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant  
9. Industry or business in which work was done, as saw mill, bank, etc. Infant  
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) Missouri

FATHER 13. NAME Merrell Buckingham  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebraska

MOTHER 15. MAIDEN NAME Elsie Hamilton  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Merrell Buckingham  
1002 W. Thomas

18. BURIAL, CREMATION, OR REMOVAL PLACE East Lawn Cemetery DATE Jan 22 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. Ferguson  
1002 W. Thomas

20. FILED Jan 22 1939 Chas. C. Hargrett Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 21, 1939

22. I HEREBY CERTIFY That I attended deceased from

I last saw him alive on Jan 21, 1939 to 19, 1939 Death is said

to have occurred on the date stated above, at 4 A m.

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

Strangulation on  
beule of neck Date of onset

Other contributory causes of importance: 194 Pt  
194 Pt

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

What test confirmed diagnosis? Clonus Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide accident Date of injury Jan 21, 1939

Where did injury occur? 1002 W. Thomas

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury Strangulation on

Nature of injury beule of neck

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) J. Ferguson Coroner, M. D.

(Address) 604 E Elm St

**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.....

*J. R. Klingner*

Licensed Embalmer No. *3358*

P. O. Address.....

**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.**