

REC'D APR 21 1939

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

11143
Do not use this space.

1. PLACE OF DEATH
 (a) County Jasper Registration District No. 411
 (b) Township _____ Primary Registration District No. 2002 Registered No. _____
 (c) City Joplin (d) Street No. 803 Connecticut St. _____
 (e) Length of residence in city or town where death occurred 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Cecil Dewey Buckner
 (a) Residence, No. 803 Connecticut St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Pauline Buckner
 100-4148-97

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11, 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 8 27

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. lead smelter
 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) Scotland, Missouri

FATHER
 13. NAME Wm. Buckner
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
 15. MAIDEN NAME Anna Butt
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Md.

17. INFORMANT Pauline Buckner (wife)
 (ADDRESS) Joplin, Missouri

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Peace Cemetery DATE 3/10/39

19. FUNERAL DIRECTOR Hedge-Nelson
 (ADDRESS) Webb City, Mo

20. FILED 3-10-39 19 372
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/8/39 1939

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1938, to mar 8, 1939.
 I last saw him alive on march 8, 1939. Death is said to have occurred on the date stated above, at 7:50 P.M.
 The principal cause of death and related causes of importance were as follows:

Tuberculosis, Pul.
Syphilitic

34

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? no
 If so, specify _____ (Signed) J. J. Marshall M. D.
 (Address) 401. Curis St. Joplin

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.

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RECEIVED

District Health Officer No. 6,

District File Number 6-39-841

Date Filed APR 12 1939

STATEMENT BY LICENSED EMBALMER

I, E. M. Hedge, Licensed Embalmer No. 2859

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

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed E. M. Hedge

Licensed Embalmer No. 2859

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.)