

REC'D AUG 17 1939

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

24944

Do not use this space.

## 1. PLACE OF DEATH

(a) County Barton Registration District No. 40  
(b) Township 1 Primary Registration District No. 4024  
(c) City Lamar (d) Street No. 32 Registered No. 32  
(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

263 Sharen Kay Buzzard  
(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) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28 1939  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
0 0 0 0 0  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as saw mill, bank, etc. None  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Lamar  
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Morris Buzzard  
14. BIRTHPLACE (CITY OR TOWN) Barton Co  
(STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Calrie Murphy  
16. BIRTHPLACE (CITY OR TOWN) Ohio  
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Morris Buzzard  
Golden City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE July 29, 1939

19. FUNERAL DIRECTOR (NAME) Teeter Bros  
(ADDRESS) Lamar Mo 40

20. FILED July 29, 1939 Man Josephine Minatt Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1939

22. I HEREBY CERTIFY, that I attended deceased from July 28, 1939, to July 28, 1939  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 11:00 a.m.  
The principal cause of death and related causes of importance were as follows:

Stillborn Date of onset July 28  
Cerebral Hemorrhage July 28

Other contributory causes of importance:

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) Serg T. Richel, M. D.  
(Address) Lamar, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 839-1537

Date Filed AUG 8 1939

**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,

Chas. J. Teeter

or by

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

Signed Chas. J. Teeter

Licensed Embalmer No. 2566

P. O. Address Jasper 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.**