

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

37362
Do not use this space.

1. PLACE OF DEATH

(a) County Shannon Registration District No. 1
(b) Township Harrod Primary Registration District No. 1 Registered No. 37362
(c) City Harrod (d) Street No. 1 St. Mo.
(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 Melvin Ray Buckner St. Mo. (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 M 4. COLOR OR RACE W 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) May - 7 - 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5 11

OCCUPATION 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. —
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) Mo.

FATHER 13. NAME Jack Buckner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrod Mo.

MOTHER 15. MAIDEN NAME Eustace Lay

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Jack Buckner
Harrod Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Harrod Mo. DATE 10 - 14 - 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) None

20. FILED 10 - 20 - 1939 Frank Lynde MD Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct - 18 - 1939

22. I HEREBY CERTIFY, That I attended deceased from 10 - 17 - 1939, to 10 - 18 - 1939

I last saw — alive on Oct - 17 - 1939 Death is said to have occurred on the date stated above, at 11:30 P. m.
The principal cause of death and related causes of importance were as follows:

Marasmus -
Mal. Nutrition

Other contributory causes of importance: 154

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) Frank Lynde, M. D.
14/1 (Address) Harrod Mo.

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.....

RECEIVED
working under my personal supervision.

District Health Officer No. 5,

District File Number 1139 427

Date Filed 11-14-39

Signed.....

Licensed Embalmer No.....

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.