

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 1111Primary Registration District No. 5163

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Callaway **FILED FEB 13 1940**
- (b) City or town Rural Liberty
- (c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution _____ (Specify whether _____)
- In this community all her life
years, months or days

3. (a) PRINT
FULL NAME Annie Buckner 256

3. (b) If veteran, name war X
3. (c) Social Security No. A

4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Louis Buckner
6. (c) Age of husband or wife if alive 90 years
7. Birth date of deceased May 30 1873
(Month) (Day) (Year)

8. AGE: Years 66 Months 8 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Callaway Co. Mo Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation
- Housewife

11. Industry or business _____

12. Name Monroe White
13. Birthplace Unknown _____
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown _____
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature
- Louis Buckner

- (b) Address
- Callaway

17. (a)
- Burial
- (b) Date thereof
- Feb. 2 1940
-
- (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation
- Pleasant Hill

18. (a) Signature of funeral director
- Hughes Manpin

- (b) Address
- Auxvassel Mo. 110

19. (a)
- Feb. 2 1940
- (b)
- G. H. Stephens
-
- (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Callaway
- (c) City or town Rural Auxvassel
(If outside city or town limits, write "RURAL")
- (d) Street No. _____ (If rural, give location)
- (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31
year 1940 hour 5 minute _____ M.

21. I hereby certify that I attended the deceased from July 10
1939, to January 31 1940
that I last saw her alive on January 31 1940
and that death occurred on the date and hour stated above.

Immediate cause of death obstruction of the coronary arteries Duration _____

Due to _____

Due to 94Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
- (b) Date of occurrence _____
- (c) Where did injury occur? _____ (City or town) (County) (State)
- (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (Means of injury)

23. Signature
- G. H. Stephens
- (M. D. or other) _____

Address Auxvassel Mo Date signed 2-7-40

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 *Hughes Marple*
Licensed Embalmer No. *2358*
P. O. Address *Auxvasse, 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.