

1. PLACE OF DEATH:  
 (a) County Shelby  
 (b) ~~City or town~~ Rural, Salt River Twnsp.  
(If outside city or town limits, write "RURAL" and name of township)  
 (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 \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Shelby  
 (c) City or town Rural  
(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.

3. (a) PRINT FULL NAME Martin Spalding Buckman  
 (b) If veteran, \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

7. (b) Name of husband or wife Emma Augusta Buckman 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased 12/3/1856  
(Month) (Day) (Year)

8. AGE:	Years <u>83</u>	Months <u>5</u>	Days <u>19</u>	If less than one day hr. _____ min. _____
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9. Birthplace Monroe Co., Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation farming

11. Industry or business \_\_\_\_\_

12. Name Joseph Buckman

13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Simms  
Kentucky  
(City, town, or county) (State or foreign country)

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Buckman

(b) Address Shelbina, Mo.

17. (a) Burial (b) Date thereof 5/25/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelbina, Mo.

18. (a) Signature of funeral director Million & Barkelew  
Shelbina, Mo.

(b) Address \_\_\_\_\_  
 19. (a) May 31 - 40 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month May day 22  
 year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from for the  
past five to 10 years \_\_\_\_\_  
 that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

Due to Arteriosclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations None

Of autopsy None

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?  
749 (Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
 Address Shelbina, Mo. Date signed 5-28-40

Duration 5 yrs.  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

REC JUN 22 1940

RECEIVED

District Health Officer No. 10

District File Number 6-40-1212

Date Filed JUN 12 1940

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

*Marion E. Morrison*

Licensed Embalmer No.

13927

P. O. Address

Shelburne, Vt.

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.