

Registration District No. 23

Primary Registration District No. 8032a

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

4  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Quadrin Louisiana  
 (a) County Quadrin Louisiana  
 (b) City or town Rural  
 (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 2  
 In this community 4 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Quadrin  
 (c) City or town Rural Mexico, Mo. R.R.  
 (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 VIRGINIA BUOY OOO  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month July day 17 year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from Mar-1940 to \_\_\_\_\_ 19\_\_\_\_; that I last saw her alive on July 6 1940 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow  
 6. (b) Name of husband or wife SAMUEL M BUOY 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased 1865  
 (Month) (Day) (Year)

Immediate cause of death Myocardial failure  
 Due to Hypertension & arteriosclerosis  
 Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) 93H

8. AGE: Years 75 Months + Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace FORD COUNTY ILL  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

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

12. Name Quinn Blood

13. Birthplace Pendleton Co. N. Va  
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Weaver

15. Birthplace Pendleton Co. N. Va  
 (City, town, or county) (State or foreign country)

16. (a) Informant Walter Buoy

(b) Address Mexico Mo R.R.

17. (a) Burial (b) Date thereof 7-19-1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Appleman Chapel, Quadrin Co.

18. (a) Signature of funeral director W. McDonald

(b) Address Quadrin Mo 20

19. (a) July 17/40 (b) Wm. Hutchinson  
 (Date received local registrar) (Registrar's signature)

Major findings: Of operations \_\_\_\_\_  
 Of autopsy NO

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) (e) Means of injury \_\_\_\_\_  
 23. Signature W. A. Farrell (M. D. or other) 3  
 Address Mexico Mo Date signed \_\_\_\_\_

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

RECEIVED

District Health Officer No. 10

District File Number 8-40-1545

Date Filed AUG 8 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 M. J. McW. Reed

Licensed Embalmer No. 2589

P. O. Address Centralia, 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, fact should be so stated above.