

Registration District No. 796

Primary Registration District No. 3038

State File No. _____

Registrar's No. 111

I. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Fitzgibbon Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether
In this community All his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Missouri Saline
(a) State _____ (b) County _____
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 572 W. Boyd
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME Oakley Duane Van Buskirk

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

4. Sex Male 6. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 15 1936
(Month) (Day) (Year)

8. AGE: Years 3 Months 1 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Sweet Springs, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

12. Name Edward Oakley Van Buskirk

18. Birthplace Marshall, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Wilma Kolb

15. Birthplace St. Thomas, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Oakley Van Buskirk

(b) Address 572 West Boyd

17. (a) Burial (b) Date thereof July 18, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park Cemetery

18. (a) Signature of funeral director J. D. Searcy

(b) Address Marshall, Mo.

19. (a) 7-17-40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
year 1940 hour 9 minute a M.

21. I hereby certify that I attended the deceased from July 6
1940, to July 16, 1940.
that I last saw him alive on July 16, 1940.
and that death occurred on the date and hour stated above.

Immediate cause of death Acute enteritis

Due to unknown

Due to _____

Other conditions Dehydration
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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? _____

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

23. Signature [Signature] (M. D. or other) _____

Address Marshall, Mo. Date signed 7-17-

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

OCT 1 6 1942

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-12-40

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 *J. Leslie Burman*

Licensed Embalmer No. *2235*

P. O. Address *Marshall, Va*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.