

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26414

State File No. _____
Registrar's No. 107

Registration District No. 796

Primary Registration District No. 3038

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
472 W. Boyd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 17 months
years, months or days)

3. (a) PRINT FULL NAME Judith Alaine VanBuskirk

3. (b) If veteran, name was _____
3. (c) Social Security No. X

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife E.O. Van Buskirk (father)
6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased Jan 20, 1939
(Month) (Day) (Year)

8. AGE: Years 1 Months 5 Days 15
If less than one day hr. _____ min. _____

9. Birthplace Marshall, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation X

11. Industry or business X

12. Name Edward O. Van Buskirk

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

14. Maiden name Wilma Teresa Kolb

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

16. (a) Informant Edward Van Buskirk

(b) Address 572 W. Boyd Marshall Mo

17. (a) Burial (b) Date thereof July 6, 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park Cemetery

18. (a) Signature of funeral director J. Leslie Swanson

(b) Address Marshall, Mo.

19. (a) 7-6-40 (b) W. A. Keith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Marshall, Mo. (b) County Saline
(c) City or town Marshall, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 472 W. Boyd
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th
year 1940 hour 3:00 minute 0 M.

21. I hereby certify that I attended the deceased from July 1, 1940 to July 5, 1940
that I last saw him alive on July 5, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Enteritis
Due to _____

Due to _____
Other conditions none
(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) no
(b) Date of occurrence none
(c) Where did injury occur? none
(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? no (e) Means of injury _____

23. Signature Robert M. ... (M. D. or other) _____
Address Marshall Date signed 7/6/40

Duration 5 days
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED
District-Health Officer No. 8,
District File Number
Date Filed 8-13-40

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. Lelia Perry
Licensed Embalmer No. 3235
P. O. Address Marshall, Mo

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.