DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 23 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31280

Registration District No. 19 Primary Registration District No. 4013 Registrar's No.

1. PLACE OF DEATH:
(a) County: McDonald
(b) City or town: Rock Port (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) 0
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: McDonald
(c) City or town: Rock Port, Mo (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) PRINT FULL NAME: George Washington Buckmiller
3. (b) If veteran, name war: X
3. (c) Social Security No.:

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Stella Templeton
6. (c) Age of husband or wife if alive: 76 years
7. Birth date of deceased: 2 (Month) 14 (Day) 1861 (Year)

8. AGE: Years 79 Months 7 Days 6 If less than one day hr. min.

9. Birthplace: Unknown (City, town, or county) Minnesota (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
MOTHER FATHER
12. Name: John Buckmiller
13. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)
16. (a) Informant's own signature: Lottie Altaschul
(b) Address: Rock Port, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-22-1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenhill Cem.
18. (a) Signature of funeral director: H. Bartholomew
(b) Address: Rock Port, Mo.
19. (a) Sept-20-1940 (Date received local registrar) (b) Mary H. Chamberlain (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 20 year 1940 hour 5 minute A.M.

21. I hereby certify that I attended the deceased from September 17, 1940, to September 19, 1940; that I last saw him alive on September 19, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute gastro-enteritis and sepsis — Duration

Due to: — Duration

Due to: 12 D 18 — Duration

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

23. Signature: William R. Strickland (M. D. or other) M.D.
Address: Rockport, Missouri Date signed 9/20/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39
Form 1 X18511

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.....

Licensed Embalmer No.....

P. O. Address.....

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.