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FILED OCT 23 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31732

Registration District No. 191 Primary Registration District No. 5266 Registrar's No.

1. PLACE OF DEATH:
(a) County Clark
(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 21
In this community 0 years, months or days (Specify whether)

3. (a) PRINT FULL NAME Mary Emma Buckley
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced, widower
6. (b) Name of husband or wife Daniel Buckley
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. 2 1854
(Month) (Day) (Year)

8. AGE: Years 85 Months 10 Days 5 If less than one day hr. min.

9. Birthplace Clark Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife
11. Industry or business

12. Name John Ferguson
13. Birthplace Don't know
14. Maiden name Emma Haney
15. Birthplace Don't know

16. (a) Informant Mrs. Ross Stevens
(b) Address Luray Mo

17. (a) Burial (b) Date thereof Oct 9 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Camps County

18. (a) Signature of funeral director Geo. W. ...
(b) Address Wray, Mo

19. (a) Oct 11 1940 (b) Chas. L. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Clark
(c) City or town Luray
(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.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 7th
year 1940 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from August 6th 1940 to September 22nd 1940
that I last saw her alive on September 22nd 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Due to Cardio-vascular
Renal disease

Due to
Other conditions 31
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations
Of autopsy
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?
175 (Specify type of place) 3
While at work? (e) Means of injury

23. Signature Grace L. Gray (M. D. or other) M.D.
Address Kahoka, Mo Date signed 10-9-40

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

RECEIVED

District Health Officer No. 10

District File Number 10-40-1950

Date Filed OCT 18 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..... Geo W. Borelly

Licensed Embalmer No. 1817

P. O. Address Wyaconda

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.