DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42979

FILED JAN 17 1941

Registration District No. 443 — Primary Registration District No. 4261 — Registrar's No. 80

1. PLACE OF DEATH:

(a) County Knox

(b) City or town Hurdland (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)

(d) Length of stay: In hospital or institution

In this community Fifty years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County KNOX

(c) City or town HURDLAND (If outside city or town limits, write "RURAL")

(d) Street No. NONE (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME JAMES PERRY BUCK

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name ~~of husband or~~ wife REBECCA FUNK

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

7. Birth date of deceased SEPT. (Month) 22 (Day) 1861 (Year)

8. AGE: Years 79 Months 3 Days 3 If less than one day hr. min.

9. Birthplace MEIGE COUNTY (City, town, or county) OHIO (State or foreign country)

10. Usual occupation BLACKSMITH

11. Industry or business RETIRED BLACKSMITH

FATHER
12. Name GEORGE N. BUCK
13. Birthplace NEW YORK (City, town, or county) N.Y. (State or foreign country)

MOTHER
14. Maiden name ARA BAKER
15. Birthplace (City, town, or county) OHIO (State or foreign country)

16. (a) Informant's own signature Mrs Chas Buck

(b) Address Ft Madison Iowa

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 27, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation WILSON TOWN CEMETERY

18. (a) Signature of funeral director Geo B Easley Jr

(b) Address Hurdland Mo

19. (a) Dec 27 1940 (Date received local registrar) (b) Mrs C M. Smith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 25 year 1940 hour 9 minute 30 P M.

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

Immediate cause of death Cancer of Prostate Gland

Due to —

Due to —

51

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 W. E. Lennan (M. D. or other)

Address Edina Mo Date signed Dec 27/40

(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 1 X19511

RECEIVED
District Health Officer No. 10
District File Number 1-41-118
Date Filed JAN 13 1941

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 B. Ensley Jr.

Licensed Embalmer No. 3755

P. O. Address Hurdland 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, above space should be left blank.