

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAILED FEB 14 1941
318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2584
State File No. _____
Registrar's No. 25

Registration District No. _____ Primary Registration District No. 2001 _____

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(c) Name of hospital or institution: 855 N. Kettleton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days
3. (a) PRINT FULL NAME JOHN FRANK AUGUSTA BUCK
3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color of race white 6. (a) Single, widowed, married divorced single
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased Jan 29 - 1887
(Month) (Day) (Year)

8. AGE: Years 53 Months 11 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Lacygne Kan
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Frank A. Buck

13. Birthplace York, Pa.
(City, town, or county) (State or foreign country)

14. Maiden name Edna Smith

15. Birthplace Unknown Pa.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clara Long

(b) Address Springfield, Mo.

17. (a) Hazlewood (b) Date thereof Jan 9 - 1941
(Initial, Christian, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazlewood

18. (a) Signature of funeral director J. W. Handley
(b) Address Springfield, Mo.

19. (a) 1-9-41 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County Barry
(c) City or town Wheaton
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) 1
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7th
year 1941 hour 7 minute 00 P. M.

21. I hereby certify that I attended the deceased from Jan 5 - 1941 to Jan 5 - 1941
that I last saw him alive on Jan 5 - 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza

Due to _____

Due to _____

Other conditions 77 Pa
(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? Yes

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

Signature G. A. Meyer (M. D. or other) 1
Address Springfield, Mo. Date signed 1-8-41

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

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. 3358

P. O. Address Springfield 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, fact should be so stated above.