

Registration District No. **194173**

Primary Registration District No. **3006**

Registrar's No. **72**

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

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution 1

In this community 911 of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Columbia

(d) Street No. 1118 WILKS BLVD.

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME EMMA F. BUCKBEE

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16th year 1941 hour 5:30 minute P M.

21. I hereby certify that I attended the deceased from 3/14/41 to 3-26-41 1941 that I last saw her alive on 3-14-41 1941 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W

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

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased: 6-29 (Month) 1884 (Day) (Year)

Immediate cause of death Deabetes

Duration 2 years

8. AGE: Years 56 Months 8 Days 18 If less than one day hr. min.

Due to X

Due to 61

Other conditions (Includes pregnancy within 3 months of death) X

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

10. Usual occupation at Home

Major findings: Of operations X

Of autopsy X

PHYSICIAN Underline the cause to which death should be charged statistically.

11. Industry or business

12. Name Snook Sexton

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

14. Maiden name Sarah Chick

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

16. (a) Informant Chas. Buckbee

(b) Address Columbia, Mo

17. (a) Burial (b) Date thereof 3-19-41 (Month) (Day) (Year)

(c) Place: burial or cremation Columbia, Mo

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? _____

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

18. (a) Signature of funeral director Parker's W.D.

(b) Address Columbia, Mo

19. (a) 3/18/41 (b) Allie Salby (Date received local registrar) (Registrar's signature)

23. Signature F B Hallman (M. D. or other) D

Address Columbia, Mo Date signed 3/18/41

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

W. H. Vandewater

Licensed Embalmer No.

2494

P. O. Address

Columbus, 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.