

APR 7 1941

State File No. _____

Registration District No. 566

Primary Registration District No. 3030

Registrar's No. 38

1. PLACE OF DEATH: MISSISSIPPI
 (a) County: MISSISSIPPI
 (b) City or town: CHARLESTON - RURAL
 (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 SEVERAL YEARS!
 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 67
 (a) State: MISSOURI (b) County: MISSISSIPPI
 (c) City or town: CHARLESTON 2
 (If outside city or town limits, write "RURAL")
 (d) Street No. 204 LOCUST STREET
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME: ROBERT BUFORD
 3. (b) If veteran, name war: No
 3. (c) Social Security No.: No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month: March day: 25
 year: 1941 hour: 8 minute: P. M.

4. Sex: MALE
 5. Color or race: COLOR
 6. (a) Single, widowed, married, divorced: WIDOWED
 6. (b) Name of husband or wife:
 6. (c) Age of husband or wife if alive: DEC 2 years

21. I hereby certify that I attended the deceased from:
 No Doctor, 19____, to 19____;
 that I last saw him alive on 19____;
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	80	7	24	hr. min.

Immediate cause of death:
 Acute Myocarditis.
 Infirmities of old age
 Duration

9. Birthplace: TENNESSEE 1
 (City, town, or county) (State or foreign country)
 10. Usual occupation: RETIRED FARMER

Due to:
 Due to:
 Other conditions (include pregnancy within 3 months of death):

11. Industry or business:
 12. Name: NOT KNOWN
 13. Birthplace: NOT KNOWN 4
 (City, town, or county) (State or foreign country)
 14. Maiden name: NOT KNOWN
 15. Birthplace: NOT KNOWN 4
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations:
 Of autopsy:
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant: MAGGIE KELLY
 (b) Address: CHARLESTON, MO
 17. (a) BURIAL (b) Date thereof: 3-20-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: OAK GROVE - CHARLESTON, MO
 18. (a) Signature of funeral director: LAIR NUNNELEE
 (b) Address: CHARLESTON, MO
 19. (a) 3-26-41 (b) J. D. Vernon
 (Date received local registrar) (Registrar's signature)

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?
 23. Signature: Maggie Kelly, Coroner
 Address: East Prairie, Mo. Date signed: 3/25/41

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

RECEIVED

District Health Officer No

District File Number 441-4

Date Filed 4/4/41

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, ~~only~~ and
E. E. Nimmeler - No # 4164, Charleston, Mo
working under my personal supervision.

Signed

John F. Nimmeler Jr

Licensed Embalmer No. 3851

P. O. Address Charleston,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.