No. 2
-10-39
7-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18615

Registration District No. 1516 Primary Registration District No. 1281 Registrar's No.

1. PLACE OF DEATH:

(a) County: Pemiscot

(b) City or town: Holland (Holland Twp)
(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 ____ (Specify whether years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State: Arkansas (b) County: Mississippi 999

(c) City or town: Hickman 3
(If outside city or town limits write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME: James Murphy Buckner

3. (b) If veteran, name war: ____ 3. (c) Social Security No. ____

4. Sex: M 2 | 5. Color or race: Col | 6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Mable Buckner 6. (c) Age of husband or wife if alive: 26 years

7. Birth date of deceased: 5 (Month) – 26 (Day) – 1898 (Year)

8. AGE: Years 42 | Months 11 | Days 27 | If less than one day ____ hr. ____ min.

9. Birthplace: Hickman (City, town, or county) / Ark (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: Oscar Buckner

MOTHER FATHER

12. Name: Hickman Oscar Buckner

13. Birthplace: Hickman (City, town, or county) Ark (State or foreign country)

14. Maiden name: Lula Williams

15. Birthplace: / Ark (City, town, or county) (State or foreign country)

16. (a) Informant: Grace Buckner

(b) Address: Hickman, Ark

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-23-41 (Month) (Day) (Year)

(c) Place: burial or cremation: ____

18. (a) Signature of funeral director: Cobb & Teasley

(b) Address: Blytheville, Ark

19. (a) 5-23-41 (Date received by registrar) (b) Tom Brigance (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1941 hour 12 P. minute 40 P. M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw h____ alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Coroner's jury found death due to that jury

Due to: Carry car to level road & neck broken

Due to: and internal injuries.

Duration

Other conditions (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): Automobile

(b) Date of occurrence: May 22, 1941

(c) Where did injury occur? Holland (City or town) Mo (County) 078 (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on bl highway (Specify type of place)

While at work: ____ (e) Means of injury: Car overturned

23. Signature: Jules V. Moore Coroner (M. D. or other)

Address: Hayti, Mo. Date signed: 5/22/41

(Licensed Embalmer's Statement on Reverse Side)

JUN 3 0 1941

SEP 1 5 1949

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.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.