

FILED OCT 14 1941

Registration District No. **89**

Primary Registration District No. **3007**

Registrar's No. **387**

1. PLACE OF DEATH:

(a) County Butler  
 (b) City or town Poplar Bluff Carter  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Lucy Lee Hospital 0  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 weeks  
 (Specify whether  
 In this community 4 weeks  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne 111  
 (c) City or town Leeper 0  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 0  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Rose Jane Buffington

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Joe Buffington 6. (c) Age of husband or wife if alive 75 years  
 7. Birth date of deceased November 26, 1880  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	60	10	7	hr. _____ min.

9. Birthplace Reynolds County, Missouri 0  
 (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business self

MOTHER FATHER { 12. Name Emerson Robinson  
 13. Birthplace Missouri 0  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Roxana Mann  
 15. Birthplace Missouri 0  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ethel Kiehn  
 (b) Address Leeper, Missouri

17. (a) Burial (b) Date thereof 10-5-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clay Cemetery

18. (a) Signature of funeral director National Funeral Homes

(b) Address Greenville, Missouri

19. (a) 10-4-41 (b) Belle Keene  
 (Date received local registrar) (Registrar's signature)

92 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2  
 year 1941 hour 5:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Jan  
 \_\_\_\_\_, 1941 to Oct 2, 1941;  
 that I last saw her alive on Oct. 2, 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 5 days  
 Due to Cerebral hemorrhage 3 days  
 Due to Enterocolitis 7

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: 107  
 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?

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

23. Signature [Signature] (M. D. or D. O. C.)  
 Address Poplar Bluff, Mo Date signed 10/2/41

RECEIVED

District Health Office No. 2,

District File Number 1041-139

Date Filed 10/8/41

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

*Walter M. Fitch*

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, Missouri

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

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