V. S. No. 2
DM—9-4-41
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 30 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1790

Registration District No. 89 Primary Registration District No. 3007 Registrar's No. 7

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff, Cities
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hrs (Specify whether
In this community 33 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12

(c) City or town Poplar Bluff. 3
(If outside city or town limits, write "RURAL")

(d) Street No. 131 S. C. Street
(If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country --------

3. (a) PRINT FULL NAME William Douglas Buckner

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Anna Buckner

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased January (Month) 11 (Day) 1859 (Year)

8. AGE: Years 83 Months 0 Days 1 If less than one day hr. min.

9. Birthplace Franklin Co., Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Mo. Pacific Employee

11. Industry or business --------

FATHER
12. Name Frank Buckner
13. Birthplace Penn.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Boshears
15. Birthplace Illinois.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ada Duke
(b) Address Poplar Bluff, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 14, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Frank Mortuary
(b) Address 412 Vine St., Poplar Bluff, Mo.

19. (a) 1-16-42 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12
year 1942 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from 1-6-1942 to 1-12-1942
that I last saw him alive on 1-12-1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pernicious anemia	3 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 730	

Major findings:
Of operations none
Of autopsy none

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) no
(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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature [signature] (M. D. or other)
Address Poplar Bluff Mo Date signed 1-13-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 142-124
Date Filed 1-27-42

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, ~~mxbxx~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Howard A. Cooper

Licensed Embalmer No. 3996

P. O. Address 412 Vine St., Poplar Bluff,

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.