

FILED MAY 21 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH14989
Do not use this space.

1. PLACE OF DEATH

(a) County MONROE Registration District No. 582
 (b) Township JACKSON Primary Registration District No. 4344
 (c) City PARIS (d) Street No. NONE St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

CLIFORD RAY
INFANT BUCKNER
 (a) Residence, No. PARIS, MO. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE NEGRO 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE!

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APR. 27, 1942

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, 17 hrs. or 1 min.
0 0 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. NONE
 9. Industry or business in which work was done, as saw mill, bank, etc. L
 10. Date deceased last worked at this occupation (month and year) L 11. Total time (years) spent in this occupation L

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PARIS, MO.

13. NAME JOHN BUCKNER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HUNNEWELL, MO.

15. MAIDEN NAME GRETA KING

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KEOKUK, IOWA.

17. INFORMANT (ADDRESS) John Buckner
PARIS, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE HUNNEWELL, MO. DATE APR. 29 1942

19. FUNERAL DIRECTOR (NAME) (ADDRESS) NONE

20. FILED APR 28 1942 E. H. Agnew
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 28 1942

22. I HEREBY CERTIFY, That I attended deceased from Apr 27 1942 to Apr 28 1942
 I last saw h. c. alive on Apr 27 1942 Death is said to have occurred on the date stated above, at 8:0 m.

The principal cause of death and related causes of importance were as follows:

Foot presentation and difficult labor

Other contributory causes of importance: 1600

Name of operation assisted delivery Date of Apr 27-42
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify m. c. m. Murphy, M. D.
 (Signed) _____ (Address) Paris, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 5-42-1175-

Date Filed MAY 19 1942

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.

Not Embalmed
Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.