S. No. 2
M—1-4-41
v. 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 JUL 20 1942
Registration District No. 143

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5205

20881

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Carter
(b) City or town Van Buren (Rural Sec.) 6
(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
In this community 18 Months.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carter 18
(c) City or town Van Buren Mo. 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? O (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Thomas Henry Buckthorpe

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife Martha Luella

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Oct (Month) 22 (Day) 1870 (Year)

8. AGE: Years	Months	Days	If less than one day
71	2	6	hr. min.

9. Birthplace Jacksonville (City, town, or county) Ill. / (State or foreign country)

10. Usual occupation Retired

11. Industry or business Realestate

MOTHER FATHER

12. Name Robert Buckthorpe

13. Birthplace London (City, town, or county) England 4 (State or foreign country)

14. Maiden name Nancy Reynolds

15. Birthplace Perry (City, town, or county) Ill. / (State or foreign country)

16. (a) Informant Tom C Buckthorpe
(b) Address Van Buren Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-29-41 (Month) (Day) (Year)
(c) Place: burial or cremation Diamond Grove Jackson Co. Ill

18. (a) Signature of funeral director Jenkins Funeral Service
(b) Address Van Buren Mo.

19. (a) 12-28-41 (Date received local registrar) (b) T. W. Cotton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28
year 1941 hour 3 minute 10 a. M.

21. I hereby certify that I attended the deceased from August 6, 1940, to Dec. 28, 1941; that I last saw him alive on Dec 28, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Left Cerebral Hemorrhage	40 hrs.
Due to: Arteriosclerosis	?
Due to:	
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)
(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 D

23. Signature Thelma Cotton Buckthorpe (M. D. or other) M.D.
Address Van Buren, Mo. Date signed 12-28-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 242295
Date Filed 7.12.42

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, ~~or by~~ 12-28-42

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

working under my personal supervision.

Signed Philip A Leuchel

Licensed Embalmer No. 2936

P. O. Address Van Buren Mo

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.