

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27597

State File No.

Registration District No. 184

Primary Registration District No. 4299

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Bucklin
(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 56 yrs.
years, months or days)

8. (a) PRINT FULL NAME ANNIE Ruth Arbuckle

8. (b) If veteran, name war — 8. (c) Social Security No. —

4. Sex 7 m 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Robert S. Arbuckle 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Aug 2, 1886
(Month) (Day) (Year)

8. AGE: Years 56 Months 0 Days 24 If less than one day — hr. — min.

9. Birthplace Bucklin Mo. O.
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business

MOTHER FATHER { 12. Name W. F. Bussey
13. Birthplace Cincinnati Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Darrell
15. Birthplace Bucklin Mo. O.
(City, town, or county) (State or foreign country)

16. (a) Informant R. L. Arbuckle
(b) Address Bucklin Mo.

17. (a) Burial (Burial, cremation, or removal) Burial (b) Date thereof Aug. 28, 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Wagoner Cem. Bucklin Mo.

18. (a) Signature of funeral director Wagoner Funeral Service
(b) Address Bucklin Mo.

19. (a) Aug 27, 1942 (b) Wayne W. Cowan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Linn 58
(c) City or town Bucklin
(If outside city or town limits, write "RURAL")
(d) Street No. —
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26,
year 1942 hour 11 minute 50 P. M.

21. I hereby certify that I attended the deceased from 6/13, 1942 to 8/26, 1942
that I last saw her alive on 8/26, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis
Carcinoma of Liver
Due to —
Due to —

Other conditions (Include pregnancy within 3 months of death) Hb f

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 —

23. Signature W. F. Bussey 2 or other —
Address Bucklin, Mo. Date signed 8/26/42

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

58
0
0

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 with the above constitutes grounds for revocation of license.)

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