

Registration District No. 226

FILED SEP 11 1942  
Primary Registration District No. 5800

Registrar's No. 36

69  
00  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Monroe  
(b) City or town Monroe (If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Monroe City R.F.D. 11 (If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution ..... (Specify whether  
In this community 15 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe  
(c) City or town Rural (If outside city or town limits, write "RURAL")  
(d) Street No. Monroe City R.F.D. 11 (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME John Simms Buckman

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced divorced widowed

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

7. Birth date of deceased December 4 1904  
(Month) (Day) (Year)

8. AGE: Years 77 Months 8 Days ..... If less than one day ..... hr. .... min.

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

10. Usual occupation Farmer

11. Industry or business .....

MOTHER FATHER { 12. Name George Buckman

13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Monica Green

15. Birthplace West MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Norris Buckman

(b) Address Hurricane, Mo.

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

(c) Place: burial or cremation Stevens Indian Creek

18. (a) Signature of funeral director Wife & Son

(b) Address Monroe City, Mo.

19. (a) Aug 28 1942 (b) One Hedberg  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day unknown  
year 1942 hour unknown M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....  
that I last saw h..... alive on ..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death unknown Duration .....

Due to ..... 2000

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 2

23. Signature J.P. Turner

Address Madison, Mo. Date signed 8/28/42

1126

RECEIVED

District Health Officer No. 10

District File Number 9-42-1650

Date Filed SEP - 4 1942

---

---

STATEMENT BY LICENSED EMBALMER

*not embalmed*

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 *Lester Wilson*.....

Licensed Embalmer, No. 3014.....

P. O. Address *Chicago City, Ill.*.....

**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.**