V. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 31 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 248 Primary Registration District No. 5842 Registrar's No.

73
6
0

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

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Racine Newton Twp
(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 47 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73

(c) City or town Racine Mo. 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. Neosho Rt # 1
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Jesse Ray Buzzard

3. (b) If veteran, name war World War I

3. (c) Social Security No. 702-03-7658

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Bertha Otis Burkhart

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased 12 (Month) 10 (Day) 1894 (Year)

8. AGE: Years 47 Months 8 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace Newton Co. (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Section man R.R.

11. Industry or business

FATHER
12. Name William Franklin Buzzard
13. Birthplace Newton (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Martha Jane Reding
15. Birthplace Newton (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mrs. Jesse Buzzard

(b) Address Neosho Rt # 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 21 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Burkhart Cemetery

18. (a) Signature of funeral director J W Buzzard

(b) Address Seneca Mo

19. (a) 8-27-42 (Date received local registrar) (b) W. R. Bennett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 19 year 1942 hour 2 minute 30 P.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 Suicide - Shot his head off with a 12 gauge shot gun

Due to

Due to

164 e

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) Suicide

(b) Date of occurrence 8-19-42

(c) Where did injury occur? RACINE (City or town) NEWTON (County) MO (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home (Specify type of place)

While at work? (e) Means of injury 2

23. Signature J R Reynolds Coroner (M. D. or other)

Address Neosho Mo Date signed

1310

(Licensed Embalmer's Statement on Reverse Side)

#8

SEP 11 1947

SEP 8 1947

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 James W. Burnard

Licensed Embalmer No. 4215

P. O. Address Seneca, 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.