

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10785

State File No.

FILED APR 12 1943

Registration District No. 25

Primary Registration District No. 5740

Registrar's No. 7

1. PLACE OF DEATH:

(a) County MACON
(b) City or town Bucklin Rural
(c) Name of hospital or institution RR #2
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 71 yrs 3 mo (Specify whether years, months or days)
In this community 71 yrs 3 mo

3. (a) PRINT FULL NAME Julia Etta Arbuckle

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

4. Sex F. m. 5. Color or race white 6. (a) Single, widowed, married divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 3, 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 3 11 hr. min.

9. Birthplace MACON Co. Mo. S.
(City, town or county) (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business _____

MOTHER FATHER { 12. Name Lagan Arbuckle
13. Birthplace Beverdam Ky
14. Maiden name Catherine Jackson
15. Birthplace Catherine Canada
(City, town, or county) (State or foreign country)

16. (a) Informant J. Arbuckle

(b) Address Bucklin Mo.

17. (a) Burial (b) Date thereof Mar 16, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cem

18. (a) Signature of funeral director Person Funeral Service

(b) Address Bucklin Mo

19. (a) March 15, 1943 (b) Alma M. Killenland
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County MACON
(c) City or town Bucklin R.R. #1
(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? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 14,
year 1943 hour 1 minute PM

21. I hereby certify that I attended the deceased from Jan 30, 1943 to Mar 14, 1943
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Angina Pectoris

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 J. L. Cantrell (M. D. 0)
Address Bucklin Mo Date signed 3-15-43

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

1 JUN 26 1957

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.

RECEIVED

District Health Officer No. 10

District File Number 4-43-712

Date Filed APR 11 1954

Signed.....

E. A. Larson

Licensed Embalmer No. 4037

P. O. Address Bushy, 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, above space should be left blank.