

No. 2
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-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 18 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 329494

Registration District No. 337

Primary Registration District No. 4484

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Commerce
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Scott
(c) City or town Commerce
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME George Franklin Buck
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July ## day 17
year 1943 hour 5 minute A M.
21. I hereby certify that I attended the deceased from July 1 1943 to July 17 1943
that I last saw him alive on July 16 1943
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret Bahrdtge Buck 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased June 21 1878
(Month) (Day) (Year)

Immediate cause of death Lobar pneumonia
Duration 3 days

8. AGE: Years 65 Months 0 Days 26 If less than one day hr. min.

Due to 108
Due to

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

Other conditions Hypertension, paralysis 8 yrs.
(Include pregnancy within 3 months of death)

10. Usual occupation Farmer

11. Industry or business
12. Name James Gaston Buck
13. Birthplace Dont Know
(City, town, or county) (State or foreign country)
14. Maiden name Mollie Brandrett
15. Birthplace Dont Know
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings:
Of operations
Of autopsy
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs George Buck
(b) Address Commerce, Mo
17. (a) Burial (b) Date thereof July 19, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

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?

(c) Place: burial or cremation Oak Lake Commerce Mo
18. (a) Signature of funeral director Bustlinghoff Hobbs
(b) Address Jillmo, Mo
19. (a) 7-20-43 (b) (Mollie) Dawkins
(Date received local registrar) (Registrar's signature)

Where at work? (Specify type of place)
(c) Means of injury
23. Signature J. J. Dawkins (M. D. or other) M. D.
Jillmo, Mo. 18-43
Address Date signed

1037

RECEIVED

District Health Office No. 2,

District File Number 8-13-1059

Date Filed 8-13-43

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 Mamie Buehler

Licensed Embalmer No. 3242

P. O. Address Chaffee

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.