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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1944

Registration District No. 274

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3052

State File No. 7951

Registrar's No. 43

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1612 E7 /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 17 Yrs.

2. USUAL RESIDENCE OF DECEASED: 80
(a) State Mo. (b) County Pettis
(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL") 7
(d) Street No. 1612 E7
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Troy Orville Buzzard
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 married
6. (b) Name of husband or wife Katherine Buzzard
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Feb. 27 1880 (Month) (Day) (Year)

8. AGE: Years 64 | Months 11 | Days 4 | If less than one day hr. min.

9. Birthplace Racine Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation Nehi Distributer
11. Industry or business

FATHER
12. Name Polk Buzzard
13. Birthplace Racine Mo. 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Missouri Carlin
15. Birthplace Berry Co. Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs T.O. Buzzard
(b) Address Sedalia Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof feb. 2 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill
18. (a) Signature of funeral director McLaughlin Bros.
(b) Address Sedalia Mo.
19. (a) Feb. 1-1944 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 31 year 1944 hour 2 minute 20 A.M.
21. I hereby certify that I attended the deceased from 3-25, 1943, to 1-31, 1944; that I last saw him alive on 1-30, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Acute congestive heart failure
Due to Chronic myocarditis
Due to Hypertension
Other conditions Chronic nephritis
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy 1/31/P

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature J. M. Rodeman (M. D. or other) MD
Address Sedalia, Mo Date signed 2-1-44

1022 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
3-7-44

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 Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia 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.