S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 14 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8451

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 41

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Fitzgibbons Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 days (Specify whether
In this community All her life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sailine
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Daisy Potter Buckner
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Charles M. Buckner
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 26th (Day), 1865 (Year)

8. AGE: Years	Months	Days	If less than one day
78	8	10	hr. min.

9. Birthplace Arrow Rock (City, town, or county) Missouri (State or foreign country)
10. Usual occupation House keeper
11. Industry or business
FATHER
12. Name Jay M. Potter
13. Birthplace (City, town, or county) New York (State or foreign country)
MOTHER
14. Maiden name Wilhelma Durrett
15. Birthplace Arrow Rock (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs Howard Beazley
(b) Address Marshall, Mo. Route # 3.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 9, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Ridge Park cemetery
18. (a) Signature of funeral director Campbell-Lewis
(b) Address Marshall, Mo.
19. (a) 2-8-1944 (Date received local registrar) (b) Mrs E O Westbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6th year 1944 hour 7 minute P M.
21. I hereby certify that I attended the deceased from Jan. 7, 1944, to Feb. 6, 1944; that I last saw her alive on Feb. 6, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congestive heart failure	
Due to Chronic myocarditis	
Due to Arterio sclerosis	
Other conditions Influenza (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

93d

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
23. Signature [illegible] M.D. (M. D. or other)
Address Feb. 8, 1944 Marshall, Mo.

(Licensed Embalmer's Statement on Reverse Side)

1211

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-13-44

JUN 12 1944

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 F. W. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall, 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.