

FILED APR 13 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11699

Registration District No. 213

Primary Registration District No. 3851

Registrar's No. 29

1. PLACE OF DEATH:

(a) County **Perry**
(b) City or town **Perryville**
(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.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Perry**
(c) City or town **Perryville**
(If outside city or town limits, write "RURAL")
(d) Street No. **302 Zeno Street**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Jerry Anthony Buff**

3. (b) If veteran, name war..... 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced. **Single**

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

7. Birth date of deceased **October 13, 1942**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 5 20 ..hr.min.

9. Birthplace **Perry County Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name **Lester Buff**

13. Birthplace **Perry County Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Marie Baudendiatel**

15. Birthplace **Perry County Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lester Buff**

(b) Address **Perryville, Mo.**

17. (a) **Burial** (b) Date thereof **April 5, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial **St. Boniface Cemetery**

18. (a) Signature of funeral director **Per [Signature]**

(b) Address **Perryville, Mo.**

19. (a) **4-5-1944** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **3rd**
year **1944** hour **9** minute **10** P.M.

21. I hereby certify that I attended the deceased from **12:15 P.M.**, 1944, to **Death**, 19...
that I last saw him alive on **7:15 P.M. April 3**, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death **accidental absorption/terrene fumes**

Due to **attempting to drink or falling while holding small can (opium) in hands.**

Due to.....
Other conditions (Include pregnancy within 3 months of death) **19521**

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) **079**
(b) Date of occurrence.....
(c) Where did injury occur?.....
(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 **E. J. Sahar M.D.** (M. D. or other)
Address **Perryville, Mo.** Date signed **Apr 5, 1944**

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

RECEIVED

District Health Officer No. 4
District File Number 444-3699
Date Filed 4-11-44

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.....

Licensed Embalmer No. 3866

P. O. Address Gearyville, 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.