

FILED APR 20 1944

Registration District No. 1224

Primary Registration District No. 6285

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Mountain Grove (Rural) Twp
(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 38 years
(Specify whether years, months or days)
In this community 38 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright
(c) City or town Mountain Grove (Rural)
(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 _____

3. (a) PRINT FULL NAME Charles Henry Buddy

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

4. Sex Male 5. Color or face White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Hillie Buddy 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased November 17 1860
(Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 6 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer-Auctioneer (Retired)

11. Industry or business _____

12. Name John Buddy
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Maricilla Morris
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lillie Buddy

(b) Address Mountain Grove Mo

17. (a) Burial (b) Date thereof 3/26/1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Swedish Cemetery

18. (a) Signature of funeral director George Stok

(b) Address Mountain Grove Mo

19. (a) 3-30-44 (b) J. M. Lower
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1944 hour 2 minute 15 P. M.

21. I hereby certify that I attended the deceased from 3/10 1944, to 3/23 1944
that I last saw him alive on 3/23 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Infection from injury struck nail in foot 3/17-1944 Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1952

Major findings: Of operations 99

Of autopsy _____

22. If death was due to external causes, fill in the following: 114

(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 R. A. Ryan (M. D. or other) O

Address Mountain Grove Mo Date signed 3/27-44

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

RECEIVED
District Health Officer No. 6.
District File Number 444-514
Date Filed APR 18 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.....

George Stapp

Licensed Embalmer No.....

3161

P. O. Address.....

Mrs. George Stapp

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.