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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21065

FILED JUN 30 1944

Registration District No. 4 Primary Registration District No. 1100 Registrar's No. 644

1. PLACE OF DEATH:
(a) County Buchannan
(b) City or town Saint Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 415 So 16 Street (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days) In this community WHOLE LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchannan
(c) City or town St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 415 South 16th Street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME DANUEL BUCKNER
3. (b) If veteran, name war NONE
3. (c) Social Security No. NO.
4. Sex MALE 2
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced Widower 2
6. (b) Name of husband or wife Anna Bell Buckner
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. (Month) 12 (Day) 1872 (Year)

8. AGE: Years 72 Months 4 Days 8 If less than one day hr. min.

9. Birthplace Buchannan County (City, town, or county) 0 (State or foreign country)
10. Usual occupation None
11. Industry or business None

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Anna Bell Buckner
(b) Address 1823 Mary Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7th (Month) (Day) (Year)
(c) Place: burial or cremation Burila City Cemetery
18. (a) Signature of funeral director Ramsey & Son
(b) Address 1602 Messanie
19. (a) 6/7/44 (Date received local registrar) (b) Helen J. Riehle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4 year 1944 hour 8 minute 45 P M.
21. I hereby certify that I attended the deceased from May 1 1944 to June 4 1944 that I last saw him alive on June 4 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency
Due to Rheumatism
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration: Several months do not know

PHYSICIAN
Underline the cause to which death should be charged statistically.

92 b

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 Fenton Goodson (M. D. or other)
Address 109 1/2 W. Mo. Ave Date signed 6/6/44

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(Licensed Embalmer's Statement on Reverse Side)

PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 5 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 J. F. Ramsey, Registered Apprentice No. ..... working under my personal supervision.

Signed J. F. Ramsey

Licensed Embalmer No. R 4081

P. O. Address 1602 Mesa

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.