

FILED SEP 28 1944

Registration District No. _____

Primary Registration District No. 5575

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson,

(b) City or town Rural Washington mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Ragan Farm, Bannister Rd. & James A. Reed Rd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

In this community 2 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Miami

(c) City or town Afton,
(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 Matthew I. Buxton,

3. (b) If veteran, name war World War #2 3. (c) Social Security No. unknown,

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

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

7. Birth date of deceased February 13 1913
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>31</u>	<u>6</u>	<u>24</u>	hr. _____ min.

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

10. Usual occupation Out of Army - on Farm 2 days

11. Industry or business X

12. Name M. L. Buxton,

13. Birthplace Wheaton, Missouri,
(City, town, or county) (State or foreign country)

14. Maiden name Bertha Lee Davis,
(City, town, or county) (State or foreign country)

15. Birthplace Garden City, Kansas,
(City, town, or county) (State or foreign country)

16. (a) Informant Wayne Buxton, KANSAS

(b) Address Merriam, Kansas,

17. (a) Removal (b) Date thereof 9-9-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Afton, Oklahoma,

18. (a) Signature of funeral director N. B. Langsford,

(b) Address Lee's Summit, Missouri,

19. (a) 9/13/44 (b) [Signature]
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 17 year 44 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Arson 19 _____ that I last saw him _____ alive on _____ 19 _____ and that death occurred on the date and hour stated above.

Immediate cause of death Death by hanging (suicide)

Due to _____
Due to _____

Other conditions 164a
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy Aspiration history

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence 9/17/44
(c) Where did injury occur? Jackson Co mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place Kansas
(Specify type of place) (e) Means of injury self hung

23. Signature [Signature] 3 (b) _____ Date 9/17/44

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

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

MAY 16 1945

OCT 9 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.....

Licensed Embalmer No.....

P. O. Address.....

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.