S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 8 1944

Registration District No. 321

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35400

State File No.

Primary Registration District No. 6084

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall, Route # I. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Blackwater Twp. Rural (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline

(c) City or town Marshall, Route # I. (If outside city or town limits, write "RURAL")

(d) Street No. Blackwater Twp. (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James Edward Buck

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased October 4th, 1944. (Month) (Day) (Year)

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

9. Birthplace Saline county (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation ✓

11. Industry or business ✓

FATHER
12. Name Merridth Ganes Buck
13. Birthplace Saline County (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Winifred Louise Lowry
15. Birthplace Sheridan (City, town, or county) Wyoming 1 (State or foreign country)

16. (a) Informant Merridith G. Buck

(b) Address Marshall, Mo. Route # I.

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

(c) Place: burial or cremation Mt. Olive cemetery

18. (a) Signature of funeral director Campbell Lewis

(b) Address Marshall, Mo.

19. (a) Oct 5, 1944 (Date received local registrar) (b) Mrs. W. E. Shackelford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4 year 1944 hour 11 minute A M.

21. I hereby certify that I attended the deceased from Oct 4, 1944 to Oct 4, 1944 that I last saw him alive on Oct 4, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Pre-mature 5 hrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 159

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)

(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 [signature] (M. D. or other)

Address Marshall Mo. Date signed 10/4/44

1255

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Date Filed 11-7-74

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was NOT embalmed ~~by me, or by~~ .....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Jas. H. Lewis

Licensed Embalmer No. 1171

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.