S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 18 1944

Registration District No. 37

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4050

State File No. 40610

Registrar's No.

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Harrisburg Missouri
(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 1 (Specify whether
In this community 10 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 16

(c) City or town Harrisburg
(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 George William Buckler

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of ~~husband or~~ wife Nancy Ellen Riley Buckler

6. (c) Age of ~~husband or~~ wife if alive 83 years

7. Birth date of deceased Sept (Month) 27, (Day) 1863 (Year)

8. AGE: Years 81 | Months 2 | Days 16 | If less than one day ___ hr. ___ min.

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

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name Franklin Buckler 0
13. Birthplace Boone County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Algerine Brundage 0
15. Birthplace Boone County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Holic Acton

(b) Address Harrisburg Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-44 (Month) (Day) (Year)

(c) Place: burial or cremation Harrisburg Mo. Cemetery

18. (a) Signature of funeral director Ralph A. Carr

(b) Address Fayette, Missouri

19. (a) Dec 18, 1944 (Date received local registrar) (b) Mrs Emma Drane (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13
year 1944 hour 2:00 minute A M.

21. I hereby certify that I attended the deceased from 1-1-45-70
12-13, 1944, to ___, 19__
that I last saw h~~e~~ alive on July 20, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration 5 yrs.

~~Due to~~ Senility

Due to

Other conditions
(Include pregnancy within 3 months of death) 9 3d

Major findings:
Of operations

Of autopsy

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 D. E. Coffman (M. D. or other) M.D.

Address Fayette Mo Date signed Mo 12-X-44

1362

(Licensed Embalmer's Statement on Reverse Side)

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 Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.