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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED JUL 13 1945

STANDARD CERTIFICATE OF DEATH

State File No. 20301

Registration District No. 120 Primary Registration District No. 5446 Registrar's No. 51

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town Rural, Cooper Township
(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 ✓ (Specify whether
In this community 4-5-0.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry 58

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Three Miles S.W. of Stanberry
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country ✓

3. (a) PRINT FULL NAME Sarrah Buzzard.

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female 1

5. Color or race Wht.

6. (a) Single, widowed, married, divorced Widdowed 2

6. (b) Name of husband or wife Marlin Ensley Buzzard.

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

7. Birth date of deceased 1 (Month) 4 (Day) 1864 (Year)

8. AGE: Years 81 Months 5 Days 6 If less than one day hr. min.

9. Birthplace (City, town, or county) Indiana 1 (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business ✓

FATHER
12. Name John Smock
13. Birthplace Dont Know (City, town, or county) ✓ 7 (State or foreign country)

MOTHER
14. Maiden name Martha Owens.
15. Birthplace Indiana. (City, town, or county) Indiana. 1 (State or foreign country)

16. (a) Informant E. E. Buzzard.
(b) Address Stanberry Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 13-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Workman Hopkins Mo. Near

18. (a) Signature of funeral director J Evan Johnson
(b) Address Stanberry Mo.

19. (a) June 13-1945 (Date received local registrar) (b) Homer M Mbeton (Registrar's signature)

1108

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~June 10~~ 10 day June
year 1945 hour 7 P.M. minute 15 M.

21. I hereby certify that I attended the deceased from June, 1944, to June 10, 1945
that I last saw her alive on June 4, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of pancreas	
Due to ✓	
Due to ✓	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

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 F. J. Huckley 0 (M. D. or other)
Address Stanberry, Mo. Date signed June 1-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11
District File Number
Date Filed

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 Evan Johnson, Registered Apprentice No. ..... working under my personal supervision.

Signed J Evan Johnson

Licensed Embalmer No. 3492

P. O. Address Shrewsbury 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.