

FILED NOV 6 1945 **STANDARD CERTIFICATE OF DEATH**

State File No. **33951**

Registration District No. **155**

Primary Registration District No. **5579** **4245**

Registrar's No. **37**

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

1. PLACE OF DEATH:
 (a) County **Jasper**
 (b) City or town **Rural - Mineral Twp.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5 miles North of Webb City
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community **85 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** County **Jasper**
 (c) City or town **Rural - Mineral Twp.**
(If outside city or town limits, write "RURAL")
 (d) Street No. **5 miles North of Webb City**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Rebecca Jane Buckingham**
 3. (b) If veteran, name war **none** 3. (c) Social Security No.

4. Sex **Female** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **widowed**
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased **January 1 1860**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	85	9	22 hr. min.

9. Birthplace **Oronogo Missouri**
(City, town, or county) (State or foreign country)
 10. Usual occupation **at home**

11. Industry or business.....
 12. Name **Maston Motley**
 13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)
 14. Maiden name **Sarah Cagle**
 15. Birthplace **no data**
(City, town, or county) (State or foreign country)

16. (a) Informant **Son B. M. Buckingham**
 (b) Address **Oronogo, Mo.**
 17. (a) **burial** (b) Date thereof **10/25/45**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Weaver Cemetery**
 18. (a) Signature of funeral director **Hedge-Lewis**
 (b) Address **Webb City, Mo.**

19. (a) **10-24-45** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **October** day **23**
 year **1945** hour **1:45** minute **P.** M.
 21. I hereby certify that I attended the deceased from **Oct 14**
 19**45** to **Oct 23** 19**45**
 that I last saw h. **er** alive on **Oct 22** 19**45**
 and that death occurred on the date and hour stated above.

Immediate cause of death
Mitral Insufficiency
 Due to **The results of advanced age**
 Due to.....
 Other conditions
(Include pregnancy within 3 months of death)

Major findings:
 Of operations.....
 Of autopsy.....
[Signature]

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?
 While at work?.....
(Specify type of place) (e) Means of injury

23. Signature **[Signature]** (M. D. or other).....
 Address **[Address]** Date signed **10-24-45**

OCT 23 1947

Blaylock

MAR 6 1948

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 *E. W. Blaylock*
Licensed Embalmer No. *2859*
P. O. Address *Hub City 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.