S. No. 2
M—2-42
. 5-17-39
>1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 13 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37418

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 342

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town INDEPENDENCE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: INDEPENDENCE SANITARIUM & HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 DAYS (Specify whether years, months or days)
In this community 5 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town INDEPENDENCE
(If outside city or town limits, write "RURAL")
(d) Street No. 1041 W. VAN HORN
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CHARLES DAYTON BUCKLEY
3. (b) If veteran, name war WORLD WAR 1
3. (c) Social Security No. NO
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife HELEN E. BUCKLEY
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased 9 (Month) 28 (Day) 1893 (Year)

8. AGE: Years	Months	Days	If less than one day
52	1	28	hr. min.

9. Birthplace FT SMITH (City, town, or county) ARKANSAS (State or foreign country)
10. Usual occupation INSURANCE AGANCY
11. Industry or business FIRE INSURANCE
FATHER
12. Name WILLIAM D. BUCKLEY
13. Birthplace FT. SMITH (City, town, or county) ARKANSAS (State or foreign country)
MOTHER
14. Maiden name GERTRUDE MOORE
15. Birthplace BOONVILLE (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant WM. T. BUCKLEY
(b) Address 1041 W. VAN HORN
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 11-29-45 (Month) (Day) (Year)
(c) Place: burial or cremation LOUISIANA MISSOURI
18. (a) Signature of funeral director Henry W. Stahl
(b) Address 815 W. MAPLE
19. (a) 11-28-45 (Date received local registrar) (b) James W. Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 26 year 1945 hour 6 minute 45 P. M.
21. I hereby certify that I attended the deceased from Oct 25, 1945, to Nov 26, 1945, that I last saw him alive on Nov 26, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary thrombosis	1 day
Due to Arterial hypertension	10 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations no	
Of autopsy no	

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 John M. Green (M.D. or other)
Address Independence, Mo. Date signed 11-27-45

1165

(Licensed Embalmer's Statement on Reverse Side)

DEC 19 61

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. 3156

P. O. Address Independence, M

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.