S. 2
M-5-42
V. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 30 1945

State File No. 377777

Registration District No. 178 Primary Registration District No. 4285 Registrar's No. 80

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

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: LEWIS
(c) City or town: LEWISTOWN
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: CHARLOTTIE K. BUCKNER.
3. (b) If veteran, name war: —
3. (c) Social Security No. .....
4. Sex: FEMALE
5. Color or race: BLACK
6. (a) Single, widowed, married, divorced: SINGLE
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: August (Month) 4 (Day) 1923 (Year)
8. AGE: Years 22 Months 2 Days 6 If less than one day ..... hr. ..... min.
9. Birthplace: LEWISTOWN (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation: AT HOME
11. Industry or business .....
MOTHER FATHER
12. Name: ELMER E BUCKNER
13. Birthplace: LEWISTOWN MO (City, town, or county) (State or foreign country)
14. Maiden name: GOLDIE CLAY
15. Birthplace: MARION COUNTY MO (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Goldie Buckner
(b) Address: Lewistown Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct 12 1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Monticello Mo
18. (a) Signature of funeral director: James A Cooper
(b) Address: Lewistown Mo.
19. (a) 10-12-45 (Date received local registrar) (b) P. W. Jennings M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10 year 1945 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from June 15, 1945, to Oct. 10, 1945, that I last saw her alive on Oct. 10, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	
Due to: Cachexia	
Due to: Pneumonia, Transverse myelitis	
Other conditions (Include pregnancy within 3 months of death)	
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): Suicide (attempted)
(b) Date of occurrence: August 1945
(c) Where did injury occur? Lewistown (City or town) Mo (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? At home (Specify type of place)
While at work? ..... (e) Means of injury: Gun Shot
23. Signature: [illegible] M.D. (M. D. or other)
Address: Lewistown Mo. Date signed 10/10/45

987 (Licensed Embalmer's Statement on Reverse Side)

DEC 13 1945

RECEIVED
District Health Officer No. 10
District File Number 11-45-1739
Date Filed NOV 27 1945

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 myself, Registered Apprentice No. ....., working under my personal supervision.

Signed James A Coder

Licensed Embalmer No. 2532

P. O. Address Lewistown Me

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.