

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2811

Do not use this space.

FILED FEB 15 1946

1. PLACE OF DEATH

(a) County Harrison Registration District No. 134
(b) Township Trail-Creek Primary Registration District No. 4209 Registered No. 41
(c) City Mt. Moriah, (d) Street No. Missouri St. Mo.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Harvey Monroe Buckingham
(a) Residence, No. Mt. Moriah, Missouri St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elsie Buckingham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
57 1 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME Albert Buckingham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER 15. MAIDEN NAME Carolyn Friel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT Elsie Buckingham (ADDRESS) Mt. Moriah, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Sharon Cemetery DATE Jan. 17, 1946

19. FUNERAL DIRECTOR J. M. Chambers (ADDRESS) Mt. Moriah, Missouri

20. FILED Jan. 18-46 S. Pha Shaw Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 15th, 1946

22. I HEREBY CERTIFY That I attended deceased from Nov. 17th, 1945, to Jan. 15th, 1946
I last saw him alive on Jan. 15th, 1946 Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of the anus with advanced metastases to the skin and right groin.

Date of onset April 1945

Other contributory causes of importance:

Name of operation 460 Date of laboratory
What test confirmed diagnosis? laboratory Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) H. J. Sellers, M. D.
(Address) Mt. Moriah, Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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FEB 3 1951

DISTRICT HEALTH OFFICE
Cameron, Mo.

STATEMENT BY LICENSED EMBALMER

I, JM Chambers, Licensed Embalmer No. 2109

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed JM Chambers
Licensed Embalmer No.

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.)