

FILED MAY 29 1946

Registration District No. 128

Primary Registration District No. 5466

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Rural, S. Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Residence, Route # 8
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Rural, Springfield - S. Campbell Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. Route # 8
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS. RENA BUZZARD

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John Buzzard 6. (c) Age of husband or wife if alive DEC. years

7. Birth date of deceased December 16, 1872
(Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 29 If less than one day hr. min. 0

9. Birthplace Newton County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

12. Name John Peterson Sweden 4

13. Birthplace UNK. Sweden 4
(City, town, or county) (State or foreign country)

14. Maiden name Junella Larson

15. Birthplace UNK. Sweden 4
(City, town, or county) (State or foreign country)

16. (a) Informant Seneca, Missouri Mrs. Urdell

(b) Address Route 8, Spfd, Mo. Steinert

17. (a) Burial (b) Date thereof 5-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seneca, Missouri

18. (a) Signature of funeral director ALMA LOHMEYER FUNERAL HOME
(b) Address 534 St. Louis, Springfield, Mo.

19. (a) 5-17-46 (b) Dr. W. S. Hartsy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 15
year 1946 hour 3:20 minute A. M.

21. I hereby certify that I attended the deceased from 5-9
46 to 5-15 1946
that I last saw her alive on 5-12 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Paralysis R side today

Due to Chirrosis of Liver

Other conditions none 3/1/46
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy no

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? none
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, or public place?

(Specify type of place) While at work? none (c) Means of injury _____

23. Signature Dr. W. S. Hartsy (M. D. or other) _____
Address Springfield, Mo. Date signed 5/16/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Lewis R. Schantz
Licensed Embalmer No. 3802.....

P. O. Address Springfield, 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.