

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED JUN 10 1946
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17582

State File No.

Registration District No. 872

Primary Registration District No. 0907

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Custer rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 45 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town Custer rural
(If outside city or town limits, write "RURAL")
(d) Street No. Custer
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

John E. Buxton

3. (b) If veteran, name war No 3. (c) Social Security No. _____

4. Sex MO 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Arnie Buxton 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased June 13 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 9 23 hr. 1 min.

9. Birthplace Caldwate Ky
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name unknown

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Verahy Samson
(b) Address Custer, Mo

17. (a) Burial (b) Date thereof 4-8-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation No 8 Cem
18. (a) Signature of funeral director J. A. Berman
(b) Address State St
19. (a) 6/1-46 (b) J. A. Berman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1946 hour 2 minute 05 A.M.

21. I hereby certify that I attended the deceased from Apr 5
1946, to Apr 5, 1946;
that I last saw him alive on Apr 5
and that death occurred on the date and hour stated above.

Immediate cause of death hepatatic pneumonia
Due to Coronary insufficiency
Due to _____

Duration

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 950

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?

While at work? _____ (Specify type of place) (e) Means of injury 9
23. Signature H. England (M.D. or other) Dr
Address State Date signed 5/1/46

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

5-46-109

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.....

John W. Guman

Licensed Embalmer No. *4355*

P. O. Address. *Hayti, 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.