

Registration District No. **11** Primary Registration District No. **4024**

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

1. PLACE OF DEATH:
 (a) County... **Barry**
 (b) City or town... **Cassville**
 (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... years, months or days)

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

3. (a) PRINT FULL NAME **Jackie Lee Buckner.**
 3. (b) If veteran, name war... 3. (c) Social Security No...

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **apr.** day **21**
 year **1946** hour **2** minute **35** P.M.
 21. I hereby certify that I attended the deceased from
apr. 21 19**46** to **apr. 21** 19**46**
 that I last saw him alive on **apr. 21** 19**46**
 and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **deceased**
 6. (b) Name of husband or wife... 6. (c) Age of husband or wife if
 alive... years
 7. Birth date of deceased **apr. 21 46.**
 (Month) (Day) (Year)

Immediate cause of death... **Prematurity**
 Due to **(lived 20 minutes)**
 Due to

8. AGE: Years Months Days If less than one day
 hr. **20** min.

Other conditions... (Include pregnancy within 5 months of death)
 Major findings:
 Of operations...
 Of autopsy... **159**
PHYSICIAN
 Underline the cause to which death should be charged statistically.

9. Birthplace **Cassville Mo.**
 (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
 12. Name **Luther Thomas Buckner**
 13. Birthplace **Mulberry ark.**
 (City, town or county) (State or foreign country)
 14. Maiden name **Ruth Lapham Wood**
 15. Birthplace **Pellair Kansas**
 (City, town, or county) (State or foreign country)
 16. (a) Informant **Ruth Buckner**
 (b) Address **Cassville, Mo.**
 17. (a) **Burial** (b) Date thereof **APR 22-1946**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Pilant Cemetery**
 18. (d) Signature of funeral director **Culver Funeral Home**
 (b) Address **Cassville, Mo.**
 19. (a) **Apr 24-1946** (b) **gras Williams**
 (Date received local registrar) (Registrar's signature)

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
 23. Signature **W. E. McDaniel** (M. D. or other)
 Address **Cassville** Date signed **3/23/46**

RECEIVED

District Health Officer No. 6,

District File Number 646-688

Date Filed _____

JUN 14 1946

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 Margaret Culver.....

Licensed Embalmer No. 4389.....

P. O. Address Cassville.....

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.