

S. No. 2
M-5-43
v. 5-17-39
I X36671

FILED JUL 8 1948

Registration District No. Primary Registration District No. 5655 Registrar's No. 92

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mount Vernon Twn
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2490
In this community 2490 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. 2320 West Chestnut
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Richard Carroll Buckner

3. (b) If veteran, name war No. No.

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased July 20 1917
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>28</u>	<u>10</u>	<u>26</u>	hr. min.

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

10. Usual occupation Bottler

11. Industry or business

12. Name Nathan Henry Buckner

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

14. Maiden name Iva Tindle

15. Birthplace Greene County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel McMichael, Record Clerk

(b) Address No. State San, Mount Vernon, Mo.

17. (a) Burial (b) Date thereof 6-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Robison Prairie No.

18. (a) Signature of funeral director J. W. KLINGER,

(b) Address SPRINGFIELD MO

19. (a) 6-15-46 (b) Dr. Philpotts
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1946 hour 12 minute 35 A. M.

21. I hereby certify that I attended the deceased from August 19 1939 to June 15 1946
that I last saw him alive on June 14 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis Over 6 yrs.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations

Of autopsy 132

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)

(a) Means of injury

23. Signature Y. T. Fujikawa (M. D. or other) M.D.
Address Mount Vernon, Mo Date signed 6-15-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
19758

RECEIVED

District Health Officer No. 6

District File Number 746-701

Date Filed JUL 2 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 Ogden Slone Jr.

Licensed Embalmer No. 4196

P. O. Address Springfield MA

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.