

S. No. 2
-12-45
5-17-39
PI X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29424**

FILED SEP 26 1946

Registration District No. _____

Primary Registration District No. **3000**

Registrar's No. **359**

1. PLACE OF DEATH:

(a) County **Adair**

(b) City or town **Kirksville**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Grim Smith Hospital & Clinic
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **18 days** (Specify whether
18 days years, months or days)

3. (a) PRINT **Loretta Jean Buckley (II TWIN)**
FULL NAME

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

3. (c) Social Security **None**

4. Sex **Female**

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 _____ years

7. Birth date of deceased **August 1, 1946**
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days **18** If less than one day _____ hr. _____ min.

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

10. Usual occupation **None**

11. Industry or business _____

MOTHER, FATHER

12. Name **Paul P. Buckley**

13. Birthplace **Burlington, Iowa**
(City, town, or county) (State or foreign country)

14. Maiden name **Mildred Jane Clarkson**

15. Birthplace **Callao, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Paul Buckley**

(b) Address **312 Missouri St., Macon, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Aug 20, 1946**
(Month) (Day) (Year)

(c) Place: burial or cremation **Burial Macon, Mo.**

18. (a) Signature of funeral director **Albert Lambert**

(b) Address **Macon, Mo.**

19. (a) **9-12-46** (Date received local registrar) (b) **Albert Lambert** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Macon**

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

(d) Street No. **312 Missouri St.**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **19**
year **1946** hour **4** minute **35** A.M.

21. I hereby certify that I attended the deceased from **Aug 1**
_____, 19**46**, to **Aug 17**, 19**46**;
that I last saw ~~her~~ **her** alive on **Aug 19**, 19**46**;
and that death occurred on the date and hour stated above.

Immediate cause of death: **Pneumonia**
6 months gestation

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature **Albert Lambert** (M. D. or other) **AL**

Address **Kirksville, Mo.** Date signed **9/19/46**

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

28261

RECEIVED
District Health Officer No. 10
District File Number 9-46-1728
Date Filed SEP 20 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.....

was not Embalmed

....., Registered Apprentice No.

working under my personal supervision.

Signed *Albert Skinner*.....

Licensed Embalmer No. *757*.....

P. O. Address *W. A. ...*.....

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.