

STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 178

Primary Registration District No. 4274

Registrar's No. 77

1. PLACE OF DEATH:

(a) County Lewis  
(b) City or town LaBelle  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none  
(Specify whether years, months or days)  
In this community 6 days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Gary Lee Buckner

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced. Single

6. (b) Name of husband or wife. .... 6. (c) Age of husband or wife if alive. 29 years

7. Birth date of deceased. August 29 1946  
(Month) (Day) (Year)

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

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

10. Usual occupation infant

11. Industry or business

12. Name Harold D. Buckner  
13. Birthplace New London Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Mammie B. Garr  
15. Birthplace LaBelle, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Quelena S. Garr  
(b) Address LaBelle, Missouri

17. (a) Burial (b) Date thereof 9-7-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation LaBelle, Cemetery

18. (a) Signature of funeral director Norman D. Coode  
(b) Address LaBelle, Missouri

19. (a) 9-10-46 (b) P. W. Jennings, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6  
year 1946 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from August 29 1946 to Sept. 6 1946; that I last saw him alive on Sept. 6 1946 and that death occurred on the date and hour stated above.  
Immediate cause of death Asphyxia

Due to Acute edema of the lung 1 hr.

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations .....

Of autopsy 161A

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 Harry F. The Buckner (M. D. or other) D.O.  
Address La Belle, Mo. Date signed 9/9/46

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 10  
District File Number 10-46-1979  
Filed OCT 31 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 Norman D. Cochr  
Licensed Embalmer No. 3721  
P. O. Address La Belle, 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.