

Registration District No. **156**

Primary Registration District No. **2001**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Jasper**

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

(c) Name of hospital or institution: **Freeman**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **30 days**
(Specify whether years, months or days)

In this community **63 3/4 years**
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town **Seneca**
(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 **Blaine Weldon Buzzard**

3. (b) If veteran, name war: **-**

3. (c) Social Security No. **20** ✓

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Sadie** 6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **April 30 1883**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
63	5	24	hr. min.

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

10. Usual occupation **Merchant & funeral director**

11. Industry or business **Buzzard Hdie & Fierie**

12. Name **Frank Marion Buzzard**

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

14. Maiden name **Marjorie Alma Watson**

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

16. (a) Informant **Mrs. Sadie Buzzard**

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

17. (a) **Burial** (b) Date thereof **Oct. 27, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Seneca, Missouri**

18. (a) Signature of funeral director **W. E. ...**

(b) Address **Seneca, Missouri**

19. (a) **11-18-46** (b) **Ed ...**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **24**
year **1946** hour **1 D.** minute **15 A.M.**

21. I hereby certify that I attended the deceased from **9-22-46**
to **10-24-46**, 19**46**
that I last saw h.c.m. alive on **10-24-46**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **apoplexy**
ischemic

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) **94A**

Major findings: **Neuropharmacology for fluiding hemorrhoids - 930**

Of operations

Of autopsy

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) (b) means of injury **3**

23. Signature **Dr. ...** (M. D. or other)
Address **Joplin, Mo.** Date signed **11-18-46**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

46-11-961

Funeral Registry -
527

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 W. E. Beddell

Licensed Embalmer No. 2174

P. O. Address Butler 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.