

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 25 1946
Registration District No. 356

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39350
Registrar's No. 72

Primary Registration District No. 6209

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

1. PLACE OF DEATH:
(a) County TEXAS
(b) City or town RURAL PINEY
(If outside city or town limits, write "RURAL" and name of township)
(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 LIFE years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County TEXAS
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 8 MI. N.W. HOUSTON
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME BUFFORD EUGENE LEA
(b) If veteran, name war _____ (c) Social Security No. _____

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 _____ years
7. Birth date of deceased OCT 22 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 19 hr. min.

9. Birthplace TEXAS CO. MO
(City, town, or county) (State or foreign country).

10. Usual occupation CHILD

11. Industry or business _____

MOTHER FATHER { 12. Name JESS LEA
13. Birthplace SALEM MO
(City, town, or county) (State or foreign country)
14. Maiden name BERTHA BAKER
15. Birthplace STEELVILLE MO
(City, town, or county) (State or foreign country)

16. (a) Informant JESS LEA
(b) Address BUCKRUS, MO

17. (a) BURIAL (b) Date thereof 11-12-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation EMERY

18. (a) Signature of funeral director Harold V. Elliott

(b) Address HOUSTON MO

19. (a) Nov 15, 1946 (b) Myrtle Craig
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 11
1946 year 12 hour 00 minute A M.

21. I hereby certify that I attended the deceased from 10-22-, 1946 to 11-11-, 1946
that I last saw him alive on 11-10-46, and that death occurred on the date and hour stated above.

Immediate cause of death Acidosis & dehydration due to hemorrhage
Duration 7 days

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) 114A

Major findings: Of operations _____
Of autopsy _____
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 2

23. Signature Henry R. Ross (M. D. or other) D.O.
Address Houston MO Date signed 11-12-46

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RECEIVED

District Health Officer No. 5,

District File Number 1146630

Date Filed 11-21-46

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.

W. Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.