

DEPARTMENT OF COMMERCE
STATE BOARD OF HEALTH OF MISSOURI
FILED DEC 28 1946

STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

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State File No. _____
Registrar's No. 69

Registration District No. 373

Primary Registration District No. 6269

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

1. PLACE OF DEATH:
 (a) County Webster
 (b) City or town Rural - Ozark township
(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. X _____
(Specify whether)
 In this community life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Webster 112
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. Ozark township
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country X

3. (a) PRINT FULL NAME Eliza A. Buck
 3. (b) If veteran, name war X
 3. (c) Social Security No. X

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife M.T. Buck
 6. (c) Age of husband or wife if alive X years
 7. Birth date of deceased March-18-1870
(Month) (Day) (Year)

8. AGE:
 Years 76 Months 7 Days 3
 If less than one day X hr. X min.

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

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER
 12. Name Chris Myers
 13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
 14. Maiden name Angeline White
 15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elza Detherow (daughter)

(b) Address Marshfield, Mo.

17. (a) Burial (b) Date thereof Oct. 22 - '46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Luke

18. (a) Signature of funeral director Tex Jaine

(b) Address Marshfield, Missouri

19. (a) 12/17/46 (b) J. J. McKinney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21
 year 1946 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct. 18, 1946, to Oct 21, 1946
 that I last saw him alive on _____, 1946,
 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy
Cerebral Hemorrhage
 Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: (3A)
 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 W. Schuck (M. D. or other) _____
 Address Marshfield, Mo Date signed 12/16/46

RECEIVED

District Health Officer No. 6,

District File Number 1246-1255

Date Filed DEC 26 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 Tex Jarney

Licensed Embalmer No. 3812

P. O. Address Marshfield, 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.