

FILED FEB 13 1947

Registration District No. 47

Primary Registration District No. 3008

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

14
1
2

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution: State Hospital 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6m 26d (Specify whether years, months or days)

In this community 6m 26d

3. (a) PRINT FULL NAME FRANK P. BUFORD

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m 5. Color or race w

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife Jane Buford

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased: May 4 1868
(Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 1 If less than one day hr. 0 min. 0

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

10. Usual occupation R.R. section work

11. Industry or business _____

MOTHER FATHER

12. Name Wm Buford

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

14. Maiden name Unknown

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

16. (a) Informant Hospital records

(b) Address Fulton Mo

17. (a) Burial (b) Date thereof Feb 7 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boonville Mo

18. (a) Signature of funeral director Goodman & Collet
(b) Address Boonville, Mo

19. (a) Feb 6 1947 (b) Josie Moseley
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis

(c) City or town Sedalia
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5 year 1947 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 29 1947 to Feb 5 1947 that I last saw him alive on Feb 5 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration 7d

Due to _____

Due to _____

Other conditions chronycardites
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 208

22. If death was due to external causes, fill in the following:

(c) 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? _____

(a) Signature of physician Calderwell (Specify type of place) (e) Means of injury 0

(b) Address Fulton Mo (M. D. or other) MD

Date signed 2/5/47

APR 22 1947

RECEIVED
DISTRICT HEALTH COMMISSIONER No. 9,
District File Number
Date Filed 2-11-47

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 G. F. Boller

Licensed Embalmer No. 3062

P. O. Address Boonville, 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.