No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7707

Registration District No. 1 | Primary Registration District No. 3000 | Registrar's No. 62

1. PLACE OF DEATH:
(a) County: Adair
(b) City or town: Kirksville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Community Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 mo (Specify whether years, months or days)
In this community: 64 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Adair
(c) City or town: Brashear (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: Buckingham, William H.
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: Sarah E. Buckingham
6. (c) Age of husband or wife if alive: 91 years
7. Birth date of deceased: Aug (Month) 9 (Day) 1859 (Year)

8. AGE: Years 87 | Months 6 | Days 23 | If less than one day: hr. min.

9. Birthplace: Birmingham (City, town, or county) Pa. (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business:
MOTHER FATHER
12. Name: Edward D. Buckingham
13. Birthplace: Pa. (City, town, or county) (State or foreign country)
14. Maiden name: Susan not known
15. Birthplace: Pa. (City, town, or county) (State or foreign country)
16. (a) Informant: Earnest Miller
(b) Address: Brashear, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar 4-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Brashear Cemetery
18. (a) Signature of funeral director: F. R. Easley
(b) Address: Brashear, Mo.
19. (a) 3-10-47 (Date received local registrar) (b) Nate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day #2 year 1947 hour 3 minute 20 A.M.
21. I hereby certify that I attended the deceased from Feb 6, 1947 to March 3, 1947 that I last saw him alive on March 2, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage — Duration: Minutes
Due to: Arteriosclerosis — years
Due to:
Other conditions: Senile Dementia
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: 83P

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? (Specify type of place)
While at work? (e) Means of injury: 2

23. Signature: M. T. Gutenecker (M.D. or other) D.O.
Address: Kirksville, Mo. Date signed: 3-3-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 1
District File Number 3-47-214
Date Filed MAR 18 1947

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~~ Richard B. Kelley, Registered Apprentice No. 467 working under my personal supervision.

Signed Geo B Easley Jr

Licensed Embalmer No. 3755

P. O. Address Hurdland

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.