

**FILED APR 10 1947**

Registration District No. **188** Primary Registration District No. **5423** Registrar's No. **14**

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

**1. PLACE OF DEATH:**  
 (a) County Dunklin  
 (b) City or town Arbuda  
 (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 30 years. (years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo. (b) County Dunklin  
 (c) City or town Arbuda  
 (d) Street No. \_\_\_\_\_  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Selena Emma Buck  
 (b) If veteran, name war NO  
 (c) Social Security No. None

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month March day 4th  
 year 1947 hour 11 minute 50 P.M.  
**21. I hereby certify that I attended the deceased from** 7 mar 47  
 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 1947.  
 that I last saw h. et. alive on 7 mar  
 and that death occurred on the date and hour stated above.

4. Sex Female  
 5. Color or race White  
 6. (a) Single, widowed, married, 2 divorced Widowed  
 (b) Name of husband or wife \_\_\_\_\_  
 (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: Dec. 27 1880  
 (Month) (Day) (Year)

Immediate cause of death HEART FAILURE  
 Due to Coronary Thrombosis  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

**8. AGE:**  
 Years 67 Months 2 Days 10  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** Hornersville, Mo.  
 (City, town, or county) (State or foreign country)

**10. Usual occupation** house wife

**11. Industry or business** \_\_\_\_\_

**12. Name** Tom Southard

**13. Birthplace** Marianna, Ark.  
 (City, town, or county) (State or foreign country)

**14. Maiden name** Myranda Jones

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

**16. (a) Informant** Dave Buck

**(b) Address** Leachville, Ark.

**17. (a) Burial** (b) Date thereof Mar 8-47  
 (Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Caldeverter, Hornersville

**18. (a) Signature of funeral director** Howard Lund, CO

**(b) Address** Leachville, Ark.

**19. (a) 4-2-1947** (b) Mr J. N. Lanier  
 (Date received local for burial) (Registrar's signature)

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.  
94A

**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** J. N. Rodman (M. D. or other) M.D.  
**Address** Leachville, Ark. **Date signed** 11 mar 47

RECEIVED

District Health Office No. 2,

District File Number 447-75350

Date Filed 4-8-47

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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. H. Howard .....

Licensed Embalmer No. 3959 .....

P. O. Address..... Leachville, Ark. .....

**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.**