

FILED MAR 21 1947

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 62

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

1. PLACE OF DEATH:

(a) County Randolph

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Metro Buckner

3. (b) If veteran, name war _____

3. (c) Social Security No. 491-07-1869

4. Sex male 2

5. Color or race negro

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

6. (b) Name of husband or wife Ruth Buckner

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased December 28 1903
(Month) (Day) (Year)

8. AGE: Years 43 Months 2 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation Hotel Porter

11. Industry or business _____

MOTHER FATHER { 12. Name Bradford Buckner

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

14. Maiden name Elizabeth Pettis

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

16. (a) Informant Mrs. Ruth Buckner

(b) Address Moberly, Missouri

17. (a) burial (b) Date thereof 3/11/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cemetery

18. (a) Signature of funeral director John B. Patton

(b) Address Huntsville, Mo.

19. (a) 3-12-47 (b) Earl Thelma Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph 88

(c) City or town Moberly 6
(If outside city or town limits, write "RURAL")

(d) Street No. 710 South Fourth 3
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 2
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8
year 1947 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb. 9
1947 to March 8 1947;
that I last saw him alive on March 8 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Double lobar hyperstatic pneumonia

Due to concussion of brain and fractured left clavicle.

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

Duration _____

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) Accident 127

(b) Date of occurrence Feb. 9, 1947

(c) Where did injury occur? Moberly, Randolph, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Merchants Hotel) 2

While at work? Yes (Specify type of place) Steps (Means of injury) Fell down

23. Signature Earl Thelma Jones (Date of death) 3-12-47
Address 203 1/2 N. Clark St. Date signed 3-12-47

RECEIVED
District Health Officer No. 10
District File Number 3-41-226
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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Paul J. Patton
Licensed Embalmer No. 4095
P. O. Address Huntsville, 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.