V. S. No. 2
0M—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 17 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12905

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 93

26
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1324 St. Mary's Blvd. 3
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Macon 61
(c) City or town Macon
(If outside city or town limits, write "RURAL") 3
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Elanor Edwards
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced W 7
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Dec 31 — 1870 (Month) (Day) (Year)

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

9. Birthplace Excello Mo 0 (City, town, or county) (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name John Buckley
13. Birthplace Virginia (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Hogan
15. Birthplace Virginia (City, town, or county) (State or foreign country)
16. (a) Informant Mrs J P Hughes
(b) Address Macon Mo
17. (a) Crimal (Burial, cremation, or removal) (b) Date thereof Apl 10-47 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Wood Cem
18. (a) Signature of funeral director Albert Skinner
(b) Address Macon Mo
19. (a) 4-9-47 (Date received local registrar) (b) R. P. Dorris MD NR (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1947 hour one minute 45 PM.
21. I hereby certify that I attended the deceased from April 4 1947, to April 6 1947; that I last saw her alive on April 6 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Failure	1½ hours
Due to: Coronary Occlusion	38 hours
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94A

PHYSICIAN
Underline the cause of 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 3
23. Signature Archie D Boucher (M.D. or other) D.O.
Address 207½ E. High, Jeff City Mo Date signed 4/6/47

Jefferson City Printing Co. 68 (Licensed Embalmer's Statement on Reverse Side)

AUG 13 1947

RECEIVED
District Health Officer No. 9
District File Number
Date Filed APR 21 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 Allen S Kinner

Licensed Embalmer No. 75-1

P. O. Address Macon 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.