

FILED OCT 17 1947

Registration District No. 17

Primary Registration District No. 4234

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Ironton
(If outside city or town limits, write "RURAL" and name of township)
(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 life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 47
(c) City or town Ironton /
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thomas Albert Buxton

3. (b) If veteran, name war no 3. (c) Social Security No. _____

4. Sex male 5. Color or face white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Bertha Buxton 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased May 28 1888
(Month) (Day) (Year)

8. AGE: Years 59 Months 4 Days 2 If less than one day hr. _____ min. _____

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

10. Usual occupation retired

11. Industry or business _____

12. Name Thomas Buxton

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

14. Maiden name Lydia Lonas

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

16. (a) Informant Bertha Buxton

(b) Address Ironton Mo.

17. (a) burial (b) Date thereof 10-3-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ironton Missouri

18. (a) Signature of funeral director Norman White & Sons

(b) Address Ironton Mo.

19. (a) 10-13-47 (b) Aris Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30
year 1947 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from Nov. 19 44 to Sept. 30 19 47
that I last saw h. un alive on Sept. 29 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of colon Duration 3 years.

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 0

23. Signature Ben W. Bull (M. D. or other) M.D.

Address Ironton, Mo. Date signed 10-7-47

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 4

District File Number 1047-1326

Date Filed 10-16-47

OCT 3 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 Lucy J. White

Licensed Embalmer No. 2412

P. O. Address San Antonio, Tex

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.