No. 2
1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 3 1948

Registration District No. 187

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3040

State File No. 1701

Registrar's No. 4

1. PLACE OF DEATH:
(a) County: Livingston
(b) City or town: Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Chillicothe Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 7 days (Specify whether years, months or days)
In this community 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Livingston
(c) City or town: near Fountain Grove
(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: Walton J. Buckles
3. (b) If veteran, name war:
3. (c) Social Security No.

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Januray (Month) 12 (Day) 1878 (Year)

8. AGE: Years 70 | Months 0 | Days 2 | If less than one day hr. min.

9. Birthplace: Linn County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
12. Name: Robert L. Buckles (Father)
13. Birthplace: Virginia (City, town, or county) (State or foreign country)
14. Maiden name: Nancy Jane Langley (Mother)
15. Birthplace: Ohio (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Roy Kelsey
(b) Address: Fountain Grove, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Meadville Cemetery
18. (a) Signature of funeral director: Norman Funeral Home
(b) Address: Chillicothe, Missouri
19. (a) Jan - 15-48 (Date received local registrar) (b) Frances B. Neill (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14 year 48 hour minute M.
21. I hereby certify that I attended the deceased from Jan 7, 1948 to Jan 14, 1948 that I last saw him alive on Jan 14, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Embolism — Duration
Due to: Intertrochanteric Fracture left femur
Due to: and Chr. Myocarditis
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 1/6/48
Of autopsy:

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)~~ Fall on ice 58
(b) Date of occurrence: 1/2/48
(c) Where did injury occur? Meadville, Linn Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm.
While at work? yes (Specify type of place) (e) Means of injury: fall
23. Signature: D. R. Dowell (M. D. or other)
Address: Chillicothe Mo Date signed 1/15/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Elton Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri

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.