S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

13081

State File No.

FILED MAY 5 1948

Registration District No. 56

Primary Registration District No. 2001

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Joplin General Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days (Specify whether
In this community 4 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 7
(If outside city or town limits, write "RURAL")

(d) Street No. Joplin General Hosp. 5
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Michael Buzzard

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased April 8, 1948
(Month) (Day) (Year)

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

9. Birthplace Joplin, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Maurice Buzzard 0
13. Birthplace Racine, Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Maxine Springgs 0
15. Birthplace Joplin, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Maurice Buzzard
(b) Address 1820 Wall, Joplin, Mo.

17. (a) Burial (b) Date thereof 4/12/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fairview

18. (a) Signature of funeral director Hurlbut-Glover
(b) Address Joplin, Mo

19. (a) 4-12-48 (b) Dolores Lamphin DR
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12th
year 1948 hour 3:20 minute A M.

21. I hereby certify that I attended the deceased from April 8, 1948 to April 12, 1948 that I last saw him alive on April 12, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Respiratory failure	
Due to Atelectasis	
Due to Congenital heart condition	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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)

(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

23. Signature L R Morgan [redacted] or other) D O
Address 521 W 4th Joplin, Mo Date signed 4/12/48

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

48-4-362

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 Dale Glover, Registered Apprentice No. 87, working under my personal supervision.

Signed Perry K. Hurlebert

Licensed Embalmer No. 959

P. O. Address Joplin 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.