

FILED JUN 18 1948 2

Registration District No. ....

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

21991

State File No. ....

Primary Registration District No. 6233

Registrar's No. 21

## 1. PLACE OF DEATH:

(a) County... Warren  
 (b) City or town... New Truxton  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Home  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution... Life  
 (Specify whether in this community... years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Warren 109  
 (c) City or town... New Truxton Mo.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No... Home 6  
 (If rural, give location)  
 (e) Citizen of foreign country? No 6  
 (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Frankie Ethel Bufka

3. (b) If veteran, name war... None  
 3. (c) Social Security No. None

4. Sex... Female 5. Color or race... White  
 6. (a) Single, widowed, married, divorced... Married

6. (b) Name of husband or wife... Anthony K. Bufka  
 6. (c) Age of husband or wife if alive... years

7. Birth date of deceased... 4 12 1887  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
 61 1 15 hr. min.

9. Birthplace... Montgomery Co Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation... Housewife  
 General duties

11. Industry or business... General duties

12. Name... George W. Sae.  
 13. Birthplace... Virginia  
 (City, town, or county) (State or foreign country)

14. Maiden name... Sarah Davidson  
 15. Birthplace... Un Known 9  
 (City, town, or county) (State or foreign country)

16. (a) Informant... Anthony K. Bufka.  
 (b) Address... New Truxton Mo.

17. (a) Burial... (b) Date thereof... 5-30-1948  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... New Providence Cem

18. (a) Signature of funeral director... Oland A. Jones  
 (b) Address... Bellflower Mo.

19. (a) 5-20-48 (b) Mrs. Thelma Hester  
 (Date received local registrar) (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... May day 28.  
 year 48 hour minute M.

21. I hereby certify that I attended the deceased from... March 1948 to May 28, 1948  
 that I last saw him... alive on... and that death occurred on the date and hour stated above.  
 Duration

Immediate cause of death... Generalized Carcinomatosis

Due to... Primary Resect. Carcinoma of Colon

Due to... 7 Colon

Other conditions... Hot  
 (Include pregnancy within 3 months of death)

Major findings: None - Diagnosis confirmed by X-ray.  
 Of operations...  
 Of autopsies... No

## 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)... No

(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...

23. Signature... J. L. Lussell M.D. or other...  
 Address... Irving mo Date signed May 28/48

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed JUN 17 1948

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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.....

..... Me ....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Oland A Jones* .....

Licensed Embalmer No. 2973 .....

P. O. Address *Bellflower No.* .....

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.