

FILED JUL 20 1948

State File No. \_\_\_\_\_

Registration District No. 17

Primary Registration District No. 5330

Registrar's No. 70

1. PLACE OF DEATH:

(a) County Holt  
(b) City or town Mound City (Rural Benton Twp.)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 50 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt 44  
(c) City or town Mound City (Rural Benton Twp.)  
(If outside city or town limits, write "RURAL")  
(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 Clarence Earnest Buckles

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 510-07-7392

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Opal Buckles 6. (c) Age of husband or wife if alive 43 years  
7. Birth date of deceased Aug 25 - 1895  
(Month) (Day) (Year)

8. AGE: Years 52 Months 10 Days 8  
If less than one day\* hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Thomas Buckles

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

14. Maiden name Martha Cotton

15. Birthplace Holt Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Opal Buckles

(b) Address Mound City Mo.

17. (a) Burial (b) Date thereof 7-1-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Benton Cemetery

18. (a) Signature of funeral director W. H. Crawford

(b) Address Mound City Mo.

19. (a) 7-1-48 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28  
year 1948 hour 8 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from 6 ct  
to 10:47 to June 28, 1948  
that I last saw him alive on June 28, 1948  
and that death occurred on the date and hour stated above.  
Immediate cause of death Coronary Occlusion  
Duration 10 hours

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Angina pectoris  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy OPW  
Underline the cause to 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? \_\_\_\_\_ (c) Means of injury 71

23. Signature F. E. Hogan M. D. or other \_\_\_\_\_  
Address Mound City Date signed 7-1-48

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

22

**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.....

*Alvan M. Lishora*....., Registered Apprentice No. *48*  
working under my personal supervision.

Signed..... *W. H. Crawford*.....

Licensed Embalmer No. *1824*.....

P. O. Address *Mound City, 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.**