FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 13 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23551

Registration District No. 209 | Primary Registration District No. 3043 | Registrar's No. 246

1. PLACE OF DEATH:

(a) County: Marion

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

(c) Name of hospital or institution: Levering Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 36 hours (Specify whether years, months or days)

In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: Pennsylvania (b) County: Washington 199 56

(c) City or town: Canonsburg (If outside city or town limits, write "RURAL")

(d) Street No.: 2 (If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: George Walker Buckner

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: Married

6. (b) Name of husband or wife: Mary Pickens

6. (c) Age of husband or wife if alive: 73 years

7. Birth date of deceased: March 26, 1863 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
85	4	11	hr. min.

9. Birthplace: Louisiana Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation: Minister

11. Industry or business: Emeritus

FATHER
12. Name: Dr. Samuel W. Buckner
13. Birthplace: Culpepper County Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Francis Robertson
15. Birthplace: Maystick Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant: Dr. Clark W. Buckner

(b) Address: 1001 Center Hannibal Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/10/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Riverview, Louisiana Mo

18. (a) Signature of funeral director: H. Crawford Smith

(b) Address: 902 Broadway Hannibal Missouri

19. (a) 8.9.48 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature) 189 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: August day: 7 year: 1948 hour: 9 minute: 20 P. M.

21. I hereby certify that I attended the deceased from Aug. 7, 1948 to Aug. 7, 1948 that I last saw him alive on Aug. 7, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemorrhage from Stomach	3 A.
Due to: Inoperable Carcinoma of Rectum with Metastasis	1 P.
Due to:	
Other conditions: Fracture of R femur (Include pregnancy within 3 months of death)	48 hrs

Major findings:
Of operations: 1664
Of autopsy:

PHYSICIAN

Underline the cause of which death should be charged statistically.

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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) 0

While at work? (e) Means of injury:

23. Signature: H B Norton (M. D. or other)

Address: Hannibal Mo. Date signed: 8-9-48

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

FEB 23 1949

MAY 24 1955

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 W. Crawford Smith

Licensed Embalmer No. 3814

P. O. Address Hannibal 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Aug

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 246

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George W. Buchner

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased March 26 1863
(Month) (Day) (Year)

8. AGE: Years 85 Months 4 Days 1 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

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

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Aug day
year 1948 hour minute M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 1866 1 18
Of autopsy

PHYSICIAN
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) Accident

(b) Date of occurrence Aug. 6 48

(c) Where did injury occur? His Home - Canton MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
His Home
(Specify type of place)
While at work? no (e) Means of injury fell

23. Signature H B Norton (M. D. or other)
Address Hannibal MO Date signed 8/7/48

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