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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 18 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32725

Registration District No. 139 Primary Registration District No. 1125 Registrar's No. 88

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

1. PLACE OF DEATH:
(a) County Holt
(b) City or town Oregon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Brown's Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months (Specify whether years, months or days)
In this community 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Holt
(c) City or town Craig (Rural)
(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 Burtice L. Buckley
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Elizabeth
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 10 (Month) 2 (Day) 1864 (Year)

8. AGE: Years 84 Months 0 Days 2 If less than one day hr. min.

9. Birthplace (City, town, or county) New York (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

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

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

16. (a) Informant Otis Buckley
(b) Address Craig, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope
18. (a) Signature of funeral director M. H. Crawford
(b) Address Mound City Mo.
19. (a) 10-5-48 (Date received local registrar) (b) J. Cravy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4 year 1948 hour 6 PM minute M.
21. I hereby certify that I attended the deceased from Aug 1 1948 to Oct 4 1948 that I last saw him alive on Oct 4 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Albumin	
Due to Cerebral	
Due to Hemorrhage	
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. L. Perry (M. D. or other) MD
Address Mound City Mo. Date signed 10-5-48

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 W. H. Crawford

Licensed Embalmer No. 1824

P. O. Address _____

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.