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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 2 1948
Registration District No. 7

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3012

State File No. 35941

Registrar's No. 156

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: Excelsior Springs, Missouri (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr. 9 mos. 18 days (Specify whether years, months or days)
In this community 1 yr. 9 mos. 18 days

2. USUAL RESIDENCE OF DEACESED:
(a) State: Oklahoma (b) County: Canadian 999
(c) City or town: Yukon 2d (If outside city or town limits, write "RURAL")
(d) Street No.: Route 1 0 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country:

3. (a) PRINT FULL NAME: Jack L. Buckner
3. (b) If veteran, name war: World War II
3. (c) Social Security No.: Yes-not rem.
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single 1
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: December (Month) 19 (Day) 1920 (Year)
8. AGE: Years 27 Months 10 Days 20 If less than one day hr. min.
9. Birthplace: Omega (City, town, or county) Oklahoma 1 (State or foreign country)
10. Usual occupation: Stock Clerk
11. Industry or business: North American Aircraft

MOTHER FATHER
12. Name: Elick L. Buckner
13. Birthplace: — (City, town, or county) Tennessee 1 (State or foreign country)
14. Maiden name: Ethel Smith
15. Birthplace: — (City, town, or county) Tennessee 1 (State or foreign country)

16. (a) Informant: Hospital records, Veterans Administration Hospital
(b) Address: Excelsior Springs, Missouri
17. (a) removal (Burial, cremation, or removal) (b) Date thereof: 11-10-48 (Month) (Day) (Year)
(c) Place: ~~[illegible]~~ Kingfisher, Okla.
18. (a) Signature of funeral director: HOPE FUNERAL HOME
(b) Address: Excelsior Springs, Missouri
19. (a) 11/10/48 (Date received local registrar) (b) Caroline Hutchings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9 year 1948 hour 11:40 minute P. M.
21. I hereby certify that I attended the deceased from January 21, 1947, to November 9, 1948 that I last saw him alive on November 9, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Tuberculosis, pulmonary, chronic, far advanced, active	Unknown
~~[illegible]~~ Empyema, right	
Due to	
Other conditions (Include pregnancy within 3 months of death): Splenomegaly, cause undet.	
Amyloidosis	

Major findings:
Of operations: —
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): —
(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: — 0

23. Signature: J. J. NURWICH, M.D. (M. D. or other) M.D.
Address: Excelsior Springs, Mo. Date signed: 11-10-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 12-1-48

NOV 4 1949

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 Chas Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Ely Springs T

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.