

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D APR 18 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

10266

Do not use this space.

1. PLACE OF DEATH

(a) County Butler

(b) Township

(c) City Poplar BluffRegistration District No. 89Primary Registration District No. 3607Registered No. 73(d) Street No. Missouri Pacific Train St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Harry E. Buckner 256(a) Residence, No. 6 East 31st Street St.

(Usual place of abode, if no street address, write county or city)

Chicago, Illinois

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Black

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFDora Buckner6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Not known

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

About 64----

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

Trainer

9. Industry or business in which work was done, as saw mill, bank, etc.

Mil. Base Ball Club

10. Date deceased last worked at this occupation (month and year)

March 26, 1938

11. Total time (years)

spent in this occupation

9 yrs12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Hopkinsville
Kentucky

FATHER

13. NAME

Frank Buckner14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Hopkinsville
Kentucky

MOTHER

15. MAIDEN NAME

Eliza ?16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Hopkinsville
Kentucky17. INFORMANT
(ADDRESS)William Buckner
4822 Langley Avenue

18. BURIAL, CREMATION, OR REMOVAL

PLACE LincolnDATE March 31, 193819. FUNERAL DIRECTOR
(ADDRESS)Charles S. Jackson Co
3800 Michigan Avenue

20. FILED

4/2

1938

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to, 19

I last saw him alive on, 19. Death is said

to have occurred on the date stated above, at 7:20p m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation, Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

George W. Green M. D.

(Address)

Poplar Bluff

STATEMENT BY LICENSED EMBALMER

I, Grover W. Greer, Licensed Embalmer No. 2964

herèby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Grover W. Greer

Licensed Embalmer No. 2964

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.)