

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

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.

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Rural, Windsor Twp.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2  
(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

3. (a) PRINT FULL NAME William Mark Buis 2011

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Lovena Page Buis 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan. 16 1857  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

82 11 11 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER { 12. Name unknown unknown

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

{ 14. Maiden name unknown unknown

{ 15. Birthplace unknown unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Wade Vannatta

(b) Address Calhoun, Missouri

17. (a) Burial (b) Date thereof Dec. 28 39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calhoun, Missouri

18. (a) Signature of funeral director Huston-Turner

(b) Address Windsor, Missouri

19. (a) Dec 28 39 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

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

(d) Street No. R. F. D. Calhoun, Mo  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27  
year 1939 hour 6:00 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from Dec 10, 1939 to Dec 23, 1939;  
that I last saw him alive on Dec. 16, 1939;  
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart Disease 10 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

Duration

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 \_\_\_\_\_

23. Signature [Signature] (M. D. or other)

Address Windsor, Mo. Date signed 12-27-39

RECEIVED  
District Health Officer No. 7,  
District File Number 6-40-138  
Date filed 1-11-40

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**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 E. M. Houston

Licensed Embalmer No. 3391

P. O. Address Windsor, 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, above space should be left blank.**