

S. No. 2
M-5-42
7-5-17-33
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21443

State File No.

Registrar's No. 135

Registration District No. 137

Primary Registration District No. 4218

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Windsor
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
321 N. Main /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 43 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Windsor
(If outside city or town limits, write "RURAL")
(d) Street No. 321 N. Main
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jasper B. Buckner

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 Married
6. (b) Name of husband or wife Annie Clark Buckner 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased April 4 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 2 25 _____ hr. _____ min.

9. Birthplace Sangamon County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Engineer, Retired

11. Industry or business Coal Mining

MOTHER FATHER { 12. Name Ansel Buckner
13. Birthplace unknown Virginia
(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 Mrs. Annie Buckner

(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 6-29-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

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

(b) Address Windsor, Missouri

19. (a) June 30, 1943 (b) Georgia Kitchery
(Date received local registrar) (registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1943 hour 5:00 a minute _____ M.

21. I hereby certify that I attended the deceased from May 29 1943 to June 28 1943
that I last saw him alive on June 24 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Duration 2 yrs

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations none

Of autopsy none

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 J.A. Buckner (M. D. or other) M.D.

Address Windsor, Mo. Date signed 6-30-43

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

42
2
0

1069

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7;

District File No. 6-43-623

Date Filed 7-8-43

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.

Not Embalmed

Signed.....

Licensed Embalmer No.....

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.