

FILED JUN 11 1946

Registration District No. 316

Primary Registration District No. 6074

Registrar's No. 164

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Desloge, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(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 Mr. Robert Lee 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 America Ann Buckner 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased January 25 1879
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<u>67</u>	<u>3</u>	<u>9</u>	_____ hr. _____ min.

9. Birthplace St. Louis, Mo. (City, town, or county) St. Louis, Mo. (State or foreign country)

10. Usual occupation Retail

11. Industry or business _____

12. Name Mr. Thomas Jefferson Buckner

13. Birthplace Maigo Co. Tenn. (City, town, or county) (State or foreign country)

14. Maiden name Martha Pigg

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

16. (a) Informant Mr. Wymen Buckner (son)

(b) Address Desloge, Mo.

17. (a) Burial (b) Date thereof May 7 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodman - Free Press

18. (a) Signature of funeral director Alvin W. Hood

(b) Address 303 Crane St. St. Louis, Mo.

19. (a) 5-17-46 (b) Ethel Riedeloff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Desloge, Mo. (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1946 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____

that I last saw h. _____ alive on _____ 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure Duration
as heart trouble

Due to _____

Due to From past history of deceased apparently a heart attack,

Other conditions _____ (Include pregnancy within 3 months of death)

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 _____

23. Signature Bert J. Miller (M.D. or other) 5 Crown

Address Parsons, Mo. Date signed 5/6/46

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

16738

RECEIVED

District Health Officer No. 4
District File Number 646-2239
Date Filed 6-10-46

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 Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address Fla. River, Mo. 303 Crane St.

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.