



Deceased Mr. Joseph Buckner (Ex Soldier)  
Date of Death June 20<sup>th</sup> 1943  
Place of Death Veterans Hospital Marion Ind.  
Last Place of Residence \_\_\_\_\_

Birth Place \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Age \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ Hours \_\_\_\_\_  
Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
Single \_\_\_\_\_ Married \_\_\_\_\_  
Widowed \_\_\_\_\_ Divorced \_\_\_\_\_  
Length of Residence U. S. \_\_\_\_\_  
State \_\_\_\_\_ City \_\_\_\_\_

Usual Occupation \_\_\_\_\_  
Industry or Business \_\_\_\_\_  
Husband's Name \_\_\_\_\_ Age \_\_\_\_\_  
Wife's Maiden Name \_\_\_\_\_ Age \_\_\_\_\_

Father's Name \_\_\_\_\_  
Birth Place \_\_\_\_\_  
Mother's Maiden Name \_\_\_\_\_  
Birth Place \_\_\_\_\_  
Social Security No. \_\_\_\_\_  
If Veteran, what War \_\_\_\_\_  
Cause of Death \_\_\_\_\_

Physician \_\_\_\_\_ Address \_\_\_\_\_  
Informant Mrs. Rose Mc Morris  
Address 447 West 8<sup>th</sup> Street  
Date of Interment 6/24/43  
Cemetery New Crown  
Location Section 16  
Row 6  
Lot or Grave No. 13354

*sent no graves card*  
Ordered By Mrs. Rose Mc Morris  
Address 447 West 8<sup>th</sup> Street  
Charged To Veterans Association State of Ind.  
Address Moved - left no address

Invoice Date \_\_\_\_\_  
Estate Atty. \_\_\_\_\_  
Address \_\_\_\_\_

#### CUSTOMER'S PAYMENT RECORD

DATE		AMOUNT PAID	BALANCE DUE
8-12-43	<i>Recd.</i> <u>Rose Mc Morris</u>	20 00	75 00
8-14-43	<u>Government Club</u>	75 00	00 00

*Paid*