MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS 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.

100M-3-28-35

NOV 21 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 306 — File No. 32963
Township Kaw — Primary Registration District No. — Registered No.
City KC Mo (No. 3818 E 8th St. St. 6147 Ward)

2. FULL NAME George V Buckner
(a) Residence, No. 3818 E 8 St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maude Buckner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 8, 1885

7. AGE YEARS 50 MONTHS 8 DAYS 22 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Filling sta
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Attendant
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peakville Mo

FATHER
13. NAME Arthur J Buckner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Florence West
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Maude Buckner 3818 E 8th

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Moriah DATE Nov 1 35

19. UNDERTAKER (ADDRESS) Mrs C L Forster KC Mo

20. FILED 10/31 1935 M M Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1935, to Oct 30, 1935
I last saw him alive on Oct 30, 1935. Death is said to have occurred on the date stated above, at 5:30 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	10-17-35
Other contributory causes of importance:	
acute endocarditis	10-24-35
acute myocarditis	

Name of operation no Date of
What test confirmed diagnosis? autopsy 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? no
If so, specify
(Signed) Chas D Nelson, M. D.
(Address) 7200 Prof Bldg

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