

RECD JUL 10 1939

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

21339
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002
(c) City Kansas City, Mo. (d) Street No. Memorah Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 2607

2. PRINT FULL NAME Harry Buckley

(a) Residence, No. 4530 Olive St., K. C., Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carrie Buckley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19, 1880

7. AGE YEARS 58 MONTHS 11 DAYS 8 IF LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) Kansas (STATE OR COUNTRY)

FATHER 13. NAME John L. Buckley

14. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Smiles

16. BIRTHPLACE (CITY OR TOWN) Pennsylvania (STATE OR COUNTRY)

17. INFORMANT Mrs. Carrie Buckley (ADDRESS) 4530 Olive Street, Wabash 0190

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 6/30/39 19

19. FUNERAL DIRECTOR (NAME) Stine & McClure (ADDRESS) 3235 Gillham Plaza, K. C., Mo.

20. FILED 6/29 19 39 M. M. Brown Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27th, 19 39

22. I, HEREBY CERTIFY, That I attended deceased from April, 1935, 19... to June 27, 19 39
I last saw h. alive on June 19, 19 39 Death is said to have occurred on the date stated above, at 10:35 p.m.

The principal cause of death and related causes of importance were as follows:

Hypertension
Coronary disease
Chronic nephritis

Date of onset

Several years

Other contributory causes of importance: 131

Name of operation Date of...
What test confirmed diagnosis? 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?
If so, specify (Signed) O. Sophian M. D.
(Address) 1405 Bryant Bldg

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.

1137 Dr Parker
Miss [unclear]

625

Drs. Sophian and Scharles

By [unclear]

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 *[Signature]*

Licensed Embalmer No. 1415

P. O. Address *Kansas City 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.