

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

1742
Do not use this space.

FILED FEB 19 1940

1. PLACE OF DEATH
 (a) County Buchanan Registration District No. 85
 (b) Township St. Joseph, Mo. Primary Registration District No. 1001 Registered No. 78
 (c) City St. Joseph, Mo. (d) Street No. Mo. Mch. 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.

2. PRINT FULL NAME BASHA LAVON BUFFINGTON
 (a) Residence, No. Balchow, 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 Female 4. COLOR OR RACE whst 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Minor

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-2-1932

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	7	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Minor child

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) Genius County (STATE OR COUNTRY) Missouri

FATHER

13. NAME Leon Buffington

14. BIRTHPLACE (CITY OR TOWN) St. Charles (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Leah Irene Showen

16. BIRTHPLACE (CITY OR TOWN) Genius County (STATE OR COUNTRY) Missouri

17. INFORMANT Leon Buffington (ADDRESS) Balchow, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Anthony, Mo. DATE 1-26 1940

19. FUNERAL DIRECTOR (NAME) J. Egan Johnson (ADDRESS) St. Anthony, Mo.

20. FILED Jan 25 1940 J. H. Sheidobush Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 3rd 1939 to Jan 24 1940
 I last saw h.e.r. alive on Jan 24 1940 Death is said to have occurred on the date stated above, at 10:20 p.m.
 The principal cause of death and related causes of importance were as follows:
acute aleukemic - Sympatric - Leukemia.
 Date of onset that sick Dec 3rd 1939

Other contributory causes of importance:
Anemia of all blood components.

Name of operation _____ 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) J. H. Ryan, M. D.
85 (Address) 2901 Park Ave. St. Joseph

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.

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 J. Evan Johnson
Licensed Embalmer No. 3492
P. O. Address Stanbury 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.