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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5412

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 637

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4143 Warwick Blvd. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ------ (Specify whether years, months or days) In this community 20 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 4143 Warwick Blvd. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ------ years.

3. (a) PRINT FULL NAME Mr. Charles Lane Buis

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Marr.

6. (b) Name of husband or wife Mrs. Irene Giddings Buis

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased January (Month) 16 (Day) 1862 (Year)

8. AGE: Years 78 Months 0 Days 22 If less than one day ..... hr. ..... min.

9. Birthplace Savannah (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Real Estate

11. Industry or business St. Joseph, Missouri

FATHER
12. Name Peery Buis
13. Birthplace Indiana (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Dobbs
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Evelina Buis
(b) Address 4143 Warwick

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 12, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director O. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) Feb. 12, 1940 (Date received local registrar) (b) M. M. Cromer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8 year 1940 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from ....., 1936 to Feb 8, 1940, that I last saw him alive on Feb 8, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	1 hr
Due to: Arterio Sclerosis	14 yr
Due to:	
Other conditions: Diabetes (Include pregnancy within 3 months of death)	54 yr

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Albert Lieberman (M.D. or other)
Address 100 N Troy Bldg. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 N C Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K C 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.