

Registration District No. **399**

Primary Registration District No. **1002**

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:  
5801 Holmes Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 50 Years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mr. Thomas Lee Buffington

8. (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 Married

6. (b) Name of husband or wife Mrs. Mary A. Buffington 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased July 4 1866  
(Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 18 If less than one day hr. min.

9. Birthplace Gr enada Mississippi  
(City, town, or county) (State or foreign county)

10. Usual occupation Traveling Salesman

11. Industry or business Retired

12. Name Thomas Buffington

13. Birthplace Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Holdby

15. Birthplace Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary O. Buffington

(b) Address 5801 Holmes St

17. (a) Burial (b) Date thereof June 24, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director D. H. Neacombs Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) June 24, 1940 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

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. 5801 Holmes Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22nd  
year 1940 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from Feb 20  
1940 to June 22 19 40  
that I last saw him alive on June 15 19 40  
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis of coronary arteries

Due to hypertension

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

General arterio-sclerosis

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy no autopsy

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Hubert H. Volante M.D. or other \_\_\_\_\_  
Address 1624 Poplar St Date signed 6/24/40

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

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

11/14 Professional Society  
10:30 - 4:30

**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..... *C. Hervey Quisenberry*  
Licensed Embalmer No..... *4070*  
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.**