

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:  
**K.C. General Hospital No. 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 day**  
(Specify whether  
In this community **70 years**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
City or town **Kansas City**  
(If outside city or town limit, write "RURAL")  
(d) Street No. **2905 E. 22nd**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **25th**  
year **1940** hour **5** minute **15** P. M.

21. I hereby certify that I attended the deceased from  
**11-24-40**, 19, to **11-25-40**, 19;  
that I last saw her alive on **11-25-40**, 19;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Fractured left hip**  
(Clinical) **Hypostatic pneumonia**

Duration

Due to **1860**  
Due to **15**

Other conditions **Diffuse interstitial**  
**fibrosis; diffuse coronary sclerosis**

Major findings:  
Of operations

Of autopsy

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **Acc**

(b) Date of occurrence **11-20-40**  
(c) Where did injury occur? **TC 6 Mo**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Home**

While at work? (Specify type of place) (a) Means of injury **1**

23. Signature **Amey R. Stone** (M. D. or other) **Full**  
Address **TC Mo** Date signed

3. (a) PRINT FULL NAME **MARY L. BUZAN**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **48**

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **wid**

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **Feb-11 1862**  
(Month) (Day) (Year)

8. AGE: Years **78** Months **9** Days **14** If less than one day hr. min.

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

10. Usual occupation **at home**

11. Industry or business

12. Name **H. James Blackston**

13. Birthplace **Jenn Tenn**  
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah E. Powell**

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

16. (a) Informant **A. E. Currie Jr.**

(b) Address **2905 E-22**

17. (a) **Burial** (b) Date thereof **Nov-30-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Haven**

18. (a) Signature of funeral director **Mrs. C. R. Foster**

(b) Address **718 Brooklyn St. City**

19. (a) **11-28-40** (b) **M. M. Browne**  
(Date received local registrar) (Registrar's signature)

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

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**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 *Paul C. Browning*

Licensed Embalmer No. 2724

P. O. Address *H. C. ...*

**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.**