

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

Registration District No. **85** Primary Registration District No. **1001**

1. PLACE OF DEATH: Buchanan
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: 5110 1/2 King Hill Ave. (Home)
(d) Length of stay: In hospital or institution 47 years
In this community 47 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 5110 1/2 King Hill Ave.
(e) If foreign born, how long in U. S. A. 47 years

3. (a) PRINT FULL NAME Ida Buckley

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

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced, or married Thomas
6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased July 6 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	56	10	20	hr. min.

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

10. Usual occupation House Wife

11. Industry or business Home

12. Name John Kramer
13. Birthplace Germany
(State or foreign country)

14. Maiden name Matilda Wertz
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Buckley (Husband)
(b) Address 5110 1/2 King Hill Ave.

17. (a) Burial (b) Date thereof 5/28/41
(c) Place: burial or cremation Agency Cemetery

18. (a) Signature of funeral director John S. Papp
(b) Address 6054 Pryor Ave., St. Joseph, Mo.

19. (a) May 28-1941 (b) J. Nestebush
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 26 day May year 1941 hour 5 minute 30 M.

21. I hereby certify that I attended the deceased on May 26 1941 to that I last saw him on May 26 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to General Arterio sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of 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?
(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 H. A. Mundy (M. D. or other)
Address 404 So 3d St Date signed 7/26/41

Duration 8 mos
PHYSICIAN Underline the cause to which death should be charged statistically.

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.....

Myself.....

Registered Apprentice No.....

working under my personal supervision.

Signed.....

John E. Ruff

Licensed Embalmer No..... 3986

P. O. Address 6054 Pryor Ave., St. Jos

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.