

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30790**

FILLED OCT 13 1941

Registration District No. **3919**

Primary Registration District No. **1002**

Registrar's No. **2547**

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

14
3
8

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:
504 Benton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 years**
(Specify whether years, months or days)

In this community **40 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Oscar D. Buffington**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Emma Langley Buffington**

6. (c) Age of husband or wife if alive **80** years

7. Birth date of deceased **March 23 - 1856**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	85	5	22	22
				hr. min.

9. Birthplace **Wilmington, Ind.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Office Work**

11. Industry or business

12. Name **John Buffington**

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

14. Maiden name **Eliza Carbaugh**

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

16. (a) Informant **Emma Langley Buffington**

(b) Address **504 Benton**

17. (a) **Burial** (b) Date thereof **9/24/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Mrs. C. L. Forster**

(b) Address **918 Brooklyn**

19. (a) **9/23/41** (b) **M. M. Crow**
(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. **504 Benton**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9** Day **15** Year **1941**
hour _____ minute **200** M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____; that last day he was alive on _____ 19 _____; and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Occlusion

Due to **Myocardial Infarction**

Due to

Other conditions **Polyarteritis Nodosa, Kidney**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **9/12**

Of autopsy

Duration

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?

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

23. Signature **Russell W. Crow** (M. D. or other) **3**

Address _____ Date signed _____

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 *me*

..... Registered Apprentice No.....
working under my personal supervision.

Signed *J. C. [Signature]*

Licensed Embalmer No. *14179*

P. O. Address *[Signature]*

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, fact should be so stated above.