

No. 2  
17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

37362

State File No. \_\_\_\_\_

DEC 22 1941 399  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 4157

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

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: \_\_\_\_\_  
2104 College  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community 46 Years  
years, months or days

3. (a) PRINT FULL NAME Marion Sylvester Buxton

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 Widowed

6. (b) Name of husband or wife Calesta T. Buxton

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

7. Birth date of deceased: January 25 1848  
(Month) (Day) (Year)

8. AGE: Years 93 Months 9 Days 12 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Stockman

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Soloman J. Buxton

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

14. Maiden name Martha Mason

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

16. (a) Informant Mr. Robert H. Buxton

(b) Address 2104 College

17. (a) Burial (b) Date thereof 11-10-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brookings

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

(b) Address Kansas City, Mo.

19. (a) 11-10-41 (b) M. M. Brown  
(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. 2104 College  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 7 year 1941 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov. 2, 1941, to Nov. 7, 1941;  
that I last saw him alive on Nov. 6, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia  
Arteriosclerotic

Duration  
12 days

Due to Senile Myocardial weakness & Senile Atheriosclerosis

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

Other conditions 10?  
(Include pregnancy within 3 months of death)

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? \_\_\_\_\_

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

23. Signature Dr. W. H. Thompson (M. D. or other) D.O.  
Address 3800 E 27. Date signed 11-7-41

Dr. Wm. W. Thompson  
27th. & Cleveland

3680 E 27th St.  
170/30

**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 Me

working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed J. C. Sheppard

Licensed Embalmer No. 4179

P. O. Address R. C. No.

**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.**