

No. 2
-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41203

State File No.

JAN 24 1942

Registration District No. 397

Primary Registration District No. 1002

Registrar's No. 4584

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:
3939 State Line
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 1 Month / (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Adams 999
(c) City or town Clayton 11
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Benjamin Franklin Buffington

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Male 0 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fannie Buffington
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased September 17 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 3 14 hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Colombus Buffington

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

14. Maiden name Margaret Childers
(City, town, or county) (State or foreign country)

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

16. (a) Informant Lowell Buffington

(b) Address 4034 Cambridge, K.C.K.

17. (a) Cremation (b) Date thereof 1/2/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Elmwood Crematory

18. (a) Signature of funeral director State Funeral Home

(b) Address Kansas City, Kansas

19. (a) Jan 31 1941 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31
year 1941 hour 2 minute AM

21. I hereby certify that I attended the deceased from Dec 13
1941 to Dec 31, 1941
that I last saw him alive on Dec 23, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Paraplegia (right)
Due to Hypertension
General atherosclerosis
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 430
Of autopsy

Duration
3 wks
10 yrs
10 yrs

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 P. O. Council (M. D. or other) MD
Address 810 Porter Bldg Date signed 1-1-42

(Licensed Embalmer's Statement on Reverse Side) K.C. Mo.

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

20
30
8

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 Mary L. Gates

Licensed Embalmer No. 245

P. O. Address 1901 N. 41st St. 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, fact should be so stated above.