S. No. 2
M—1-4-41
y. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 2 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10211

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 270

011
1
7

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 706 S 21st Str (If not in hospital or institution, write street number or location)

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

In this community about 70 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St Joseph (If outside city or town limits, write "RURAL") 011

(d) Street No. 706 S 21st Str (If rural, give location) 1 7

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME ALEX BUFORD

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

4. Sex Male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mollie Buford 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased June (Month) 15 (Day) 1858 (Year)

8. AGE:	Years	Months	Days	If less than one day
	83	8	27	..... hr. ..... min.

9. Birthplace Willow Brook (City, town, or county) MO (State or foreign country) 0

10. Usual occupation Laborer

11. Industry or business .....

FATHER
12. Name Ben Buford
13. Birthplace unknown (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country) 4

16. (a) Informant Rosie Settles

(b) Address 706 S 21st Str

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-16-42 (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

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

(b) Address 806 S 17th Str

19. (a) 3-16-42 (Date received local registrar) (b) H. J. Mettlebush (Registrar's signature) 46

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12 year 1942 hour 8:20 pm minute pm M.

21. I hereby certify that I attended the deceased from Jan 29, 1942, to March 12, 1942 that I last saw him alive on March 10, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death chronic nitral insufficiency — Duration a few months

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) 92 b

Major findings:
Of operations .....

Of autopsy None made

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Fenton N Goodson (M. D. or other)

Address 109 1/2 W. Mo. Ave ST. JOSEPH Date signed 3-18-42

(Licensed Embalmer's Statement on Reverse Side)

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 Hogan E. White

Licensed Embalmer No. 2659

P. O. Address 8065 17th St Joseph 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.