

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH: Jackson

(a) County: Jackson

(b) City or town: Kansas City

(c) Name of hospital or institution: Trinity Lutheran Hospital

(d) Length of stay: In hospital or institution: 2 weeks

In this community: All her life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City 3

(d) Street No.: 4136 Millcreek 8

(e) Citizen of foreign country? 0 (Yes or No)

3. (a) PRINT FULL NAME: Mrs. Corinne Bucher

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 12

year: 1942 hour: 11:23 PM minute: M.

3. (b) If veteran, name war: - no

3. (c) Social Security No.: none

21. I hereby certify that I attended the deceased from May 29, 1942 to June 12, 1942

that I last saw her alive on June 12, 1942 and that death occurred on the date and hour stated above.

4. Sex: Female / 5. Color or race: White / 6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Harry Bucher

6. (c) Age of husband or wife if alive: 48 years

7. Birth date of deceased: Oct. 8, 1895

Immediate cause of death: Preliminary Embolus

8. AGE:	Years	Months	Days	If less than one day
	46	8	4	hr. min.

Due to: Hysterectomy

Due to: HBB

Other conditions: (Include pregnancy within 3 months of death)

9. Birthplace: Kansas City, Mo

Major findings: Carcinoma of uterus, nodular.

Of autopsy: nodular.

PHYSICIAN: Underline the cause to which death should be charged statistically.

10. Usual occupation: Housewife

11. Industry or business:

12. Name: Austin B. Yeager

13. Birthplace: Iowa

14. Maiden name: Alice Archer

15. Birthplace: Iowa

16. (a) Informant: Harry Bucher

(b) Address: 4136 Millcreek

17. (a) (b) Date thereof: 6/15/42

(c) Place: burial or cremation: Lawrence, Kan.

18. (a) Signature of funeral director: R. V. Lindsey & Sons

(b) Address: 3811 Broadway

19. (a) (b) (c) (Date received local registrar) (Registrar's signature)

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?

23. (a) (b) (c) (Specify type of place) (M. D. or other)

Address: 715 large Ridgecrest 11/17/42

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

361

M. Campbell  
329 Wash Post Rd  
Natick 2 P.M.

**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 *Leon H. Stewart*

Licensed Embalmer No. *4177*

P. O. Address *Kansas City, 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.**