

FILED OCT 5 1942
Registration District No. **149**

Primary Registration District No. **1002**

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:
401 East 36th Street, /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **no.**
In this community **5 months** (Specify whether years, months or days)

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. **7425 Flora,**
(If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country. **x**

3. (a) PRINT FULL NAME **Mrs. Anna M. Buck,**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widowed**
6. (b) Name of husband or wife **Fred E. Buck,** 6. (c) Age of husband or wife if alive **dec.** years
7. Birth date of deceased **November 21 1876**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 10 9 hr. min.

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

10. Usual occupation **at home,**

11. Industry or business **x**

MOTHER FATHER { 12. Name **George Mehl,**
13. Birthplace **Unknown,** (City, town, or county) (State or foreign country)
14. Maiden name **Unknown,**
15. Birthplace **Unknown,** (City, town, or county) (State or foreign country)

16. (a) Informant **George Buck,**
(b) Address **401 East 36th St., K. C., Mo.**

17. (a) **Cremation** (b) Date thereof **10-3-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood Cemetery,**

18. (a) Signature of funeral director **Stire & McClure,**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **9-30-42** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **30th**
year **1942** hour **10:15** minute **A.** M.

21. I hereby certify that I attended the deceased from **Sept 10-**
1942 to **Sept 30** 19**42**
that I last saw **x** alive on **Sept 30** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Subd. Encephalomyelitis**

Due to **Cerebral Hemorrhage** / **1 month**

Due to **92 B**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy **no**

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 **Charles Jackson** (M. D. or other)
Address **1103 E. Adams** Date signed **9-20-42**

Dr. Carl Jackson,

1103 E. Armore. No. 4193

Res. 1400 Zimmert Ln. 7190

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

E. M. Plank

Licensed Embalmer No.

1848

P. O. Address

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.