

FILED JAN 11 1943

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4877

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:
Marty Clinic
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 Days
(Specify whether years, months or days)
 In this community 18 Years

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. 527 S. Kensington
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JOHN ANDREWS BUFFINGTON

3. (b) If veteran, name war No 3. (c) Social Security No. 702-14-5371

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Alice Belle 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Jan. 27, 1889
(Month) (Day) (Year)

8. AGE: Years 53 Months 11 Days 0
If less than one day hr. min.

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

10. Usual occupation Switchman

11. Industry or business Mo. Pacific R. R.

12. Name Unknown

13. Birthplace Unknown 9

14. Maiden name Jane Cunningham 9
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Alice Buffington

(b) Address 527 S. Kensington

17. (a) Burial (b) Date thereof Dec. 29, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
Memorial Park Cemetery

(c) Place: burial or cremation C. H. Blackman & Son, Inc.

18. (a) Signature of funeral director Kansas City, Mo.

19. (a) 12-29-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27
 year 1942 hour 6⁰⁰ minute 10 AM

21. I hereby certify that I attended the deceased from Dec. 23
1942 to Dec. 27, 1942
 that I last saw him alive on Dec. 27, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration: _____

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Due to _____
 Due to _____

Other conditions Acute Cholecystitis
(Include pregnancy within 3 months of death)
Acute cystitis

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. J. M. Ralston (M. D. or other) D.O.
 Address 423 Lee Bldg. Date signed Dec 28-1942

*Dr. as M. Williams
New Baldy.*

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 *B. H. Blackman*.....

Licensed Embalmer No. *2244*.....

P. O. Address.....

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.