S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 30 1942

Registration District No. 4

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40221

Primary Registration District No. 1000

Registrar's No. 196

1. PLACE OF DEATH:

(a) County: Buchannan

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

(c) Name of hospital or institution: Nursing Home 519 Jackson Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days): Whole Life

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanna

(c) City or town: Saint Joseph
(If outside city or town limits, write "RURAL")

(d) Street No.: 519 Jackson
(If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: Ben Buford

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male 2

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: Widower

6. (b) Name of husband or wife: None

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

7. Birth date of deceased: (Month) (Day) 1869 (Year)

8. AGE: 73 Years | Months — | Days | If less than one day: hr. min.

9. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business: None

MOTHER FATHER

12. Name: Jim Buford

13. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Unknown (City, town, or county) 0 (State or foreign country)

16. (a) Informant: Lydia Brown

(b) Address: 311 So. 21 Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 4th, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation: City Cemetery

18. (a) Signature of funeral director: Parrish & Mox

(b) Address: 1603 Messanie Street

19. (a) 12-4-42 (Date received local registrar) (b) Rae Hugoy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3 year 1942 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from Dec 1, 1942, to Dec 2, 1942, that I last saw him alive on Dec 2, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	3 days
Due to: Stomach Ulcer	2M
Due to: Mitral Regurgitation	2yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: ✓ 92b

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? ✓ (Specify type of place)

While at work? (e) Means of injury: 0

23. Signature: Charles H. Werner (M. D. or other)

Address: 321 Kirkpatrick Bldg Date signed: 12-4-1942

1235 (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 J. F. Ramsey

Licensed Embalmer No. 4081

P. O. Address 1602 Messaniè

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.