. S. No. 2
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I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 7 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16840

Registration District No. 749 Primary Registration District No. 1002 Registrar's No. 2153

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: Research Hospital, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community as above
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Calloway 14
(c) City or town Auxvasse, 0
(If outside city or town limits, write "RURAL")
(d) Street No. - 1
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Mrs. Alma Mae Buckner,

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

3. (c) Social Security No. no.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Unknown,

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

7. Birth date of deceased April (Month) 21 (Day) 1872 (Year)

8. AGE: Years 71 Months 0 Days 18 If less than one day hr. min.

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

10. Usual occupation at home,

11. Industry or business x

FATHER
12. Name John Swan,
13. Birthplace Kentucky, (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name - Craig,
15. Birthplace Unknown, (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hortense B. Duncan,
(b) Address 6633 Main St., Kansas City, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-9-43 (Month) (Day) (Year)
(c) Place: burial or cremation Auxvasse, Missouri,

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 5-10-43 (Date received local registrar) (b) M. M. Grome (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day May
year 1943 hour minute 2 30 A.M.

21. I hereby certify that I attended the deceased from May 3, 1943 to May 9, 1943
that I last saw her alive on May 8, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	3 day
Due to Senile Dementia	yrs.
Due to 107.	
Other conditions (Include pregnancy within 3 months of death)	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Robert C. Davis (M. D. ~~or other~~)
Address 820 Prof Bldg Date signed 5/10/43

(Licensed Embalmer's Statement on Reverse Side)

JUN 28 1945

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.....

Licensed Embalmer No. 14 157

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.