

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. **2520**

FILED JUN 24 1943/9
 Registration District No.

Primary Registration District No. **1002**

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

1. PLACE OF DEATH: **Jackson**
 (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: **General Hospital No. 2**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **22 Minutes**
(Specify whether)
 In this community **20 Years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED: **48**
 (a) State **Missouri** (b) County **Jackson** **3**
 (c) City or town **Kansas City** **8**
(If outside city or town limits, write "RURAL")
 (d) Street No. **826 Euclid Ave.**
(If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country **0**

3. (a) PRINT FULL NAME **Della Buckner**

3. (b) If veteran, name war **WW** 3. (c) Social Security No. **496-16-0697**

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Havis Buckner** 6. (c) Age of husband or wife if alive **41** years

7. Birth date of deceased **8** **2** **1900**
(Month) (Day) (Year)

8. AGE: Years **42** Months **09** Days **29** If less than one day **29** hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **William Oney**

13. Birthplace **Sharton County, Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Della Holley**

15. Birthplace **Havard County, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Havis Buckner**

(b) Address **826 Euclid Ave.**

17. (a) **Burial** (b) Date thereof **6** **3** **1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland**

18. (a) Signature of funeral director **Hudson-Abernathy**

(b) Address **1513 Troost Ave.**

19. (a) **6-3-43** (b) **M. M. Browne**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **29** year **1943** hour **6:50** minute **P.** M.

21. I hereby certify that I attended the deceased from **Deputy Coroner**
 that I last saw him alive on **2** 19 **43**
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Chronic fibrous myocarditis**
Acute pulmonary edema
 Due to _____
 Due to _____

Other conditions: **922**
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy **yes**
 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) (Means of injury)

23. Signature **F. P. Richardson** (or other) _____

Address **1837 Vine** Date signed **6-1-43**

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

L. J. Harris, Sr.
.....
Licensed Embalmer No. *3388*
.....

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.