

S. No. 2  
M-2.43  
v. 5-1  
I 23887

23727

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED AUG 6 1943 149

Primary Registration District No. 1002

Registrar's No. 3220

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:  
Colonial Rest Home #7611 Wornall Road  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Months  
(Specify whether years, months or days)

In this community 5 5 yrs.

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. 3716 Montgall Avenue  
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)  
If yes, name country! Canada

3. (a) PRINT NAME Mr. Thomas C Buckingham

(b) If veteran, name war no.

(c) Social Security No. 987-03-5776

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21st  
76 year 1943 hour 8 minute P. M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Frances Watson Buckingham

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased February 18 1882  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 19  
1943 to July 29  
1943

that I last saw him alive on July 20  
1943 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>61</u>	<u>5</u>	<u>3</u>	<u>hr. min.</u>

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

Immediate cause of death Cardiac failure (decompensation & anasarca) 1 year

Due to Mitral Stenosis ?

Due to Rheumatic fever ?

Other conditions Chronic nephritis ?  
(Include pregnancy within 3 months of death)

10. Usual occupation Ornamental Worker

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William J. Buckingham

13. Birthplace England  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Dilve

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

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy 131 p.

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Edwin C. Pollett

(b) Address 3400 Blue Ridge Blvd.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof July 24, 1943  
(Month) (Day) (Year)

(c) Place: burial of Elmwood Cemetery

18. (a) Signature of funeral director D. V. Newcomer's Son

(b) Address 1401 Brush Creek Blvd.

19. (a) 7-24-43 (b) P. E. Brown  
(Date received from registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(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 Barriki Wilson (M. D. or other) M.D.

Address 1025 Rialto Bldg. Date signed 7-22-43

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

Spalls Body

---

---

**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.....

*C. Hervey Quisenberry*

Licensed Embalmer No.....

*4070*

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.**