

FILED OCT 13 1943  
Registration District No. **1943-2**

Primary Registration District No. **1000**

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

1. PLACE OF DEATH: **Buchanan**

(a) County **Buchanan**

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

(c) Name of hospital or institution: **Missouri Methodist Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 day**  
(Specify whether lifetime)

In this community **lifetime**  
years, months or days

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

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

3. (c) Social Security No. **500-07-4626**

4. Sex **Male**

5. Color or race **Black**

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

6. (b) Name of husband or wife **none**

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

7. Birth date of deceased **unknown**  
(Month) (Day) (Year)

8. AGE: Years **74** Months Days If less than one day **hr. min.**

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

10. Usual occupation **Porter**

11. Industry or business **Rosecrans Field**

12. Name **Alfred Buckner**

13. Birthplace **Andrew CO. Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Anna Bowman**

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

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

(b) Address **St. Joseph, MISSOURI**

17. (a) Burial **St. Joseph City Cemetery**  
(Burial, cremation, or removal)

(b) Date thereof **9/29/43**  
(Month) (Day) (Year)

(c) Place: burial or cremation **LINCOLN MORTUARY**

18. (a) Signature of funeral director **6054 Pryor Ave. St. Joseph, Mo.**

(b) Address **6054 Pryor Ave. St. Joseph, Mo.**

19. (a) **9/29/43** (b) **Rose Heigoy**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**

(c) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL")

(d) Street No. **212 1/2 Francis St.**  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **26**  
year **1943** hour **5:07 PM** minute **0** M.

21. I hereby certify that I attended the deceased from **Sept 25**  
19 **43** to **Sept 26** 19 **43**  
that I last saw him alive on **Sept 25** 19 **43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **acute cardiac failure due to**  
**arterio-sclerosis day**  
**hypertension**

Due to **arterio-sclerosis day**  
**hypertension**

Due to **arterio-sclerosis day**  
**hypertension**

Other conditions **95C4**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **95C4**

Of autopsy **same as above**

PHYSICIAN **95C4**

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) **no**

(b) Date of occurrence **no**

(c) Where did injury occur? **none**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**none**

While at work? **none**  
(Specify type of block) (e) Means of injury

23. Signature **Welfare Board** (M. D. or other) **9/29/43**  
Address **St. Joseph, Mo.** Date signed **9/29/43**

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**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.....

*John E. Rupp*

Licensed Embalmer No. ....

*3986*

P. O. Address.....

*St. Joseph, 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.**