

Registration District No. 1943/9

Primary Registration District No. 1002

Registrar's No.

5154

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: K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 6 days
(Specify whether
In this community 20 years
years, months or days)

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. 3022 Forest
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

George W. Buell

3. (b) If veteran, name war none

3. (c) Social Security No. no #

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Bertranda Nutter Buell 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Aug. 2-1877
(Month) (Day) (Year)

8. AGE: Years 66 Months 4 Days 3 If less than one day hr. min.

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

10. Usual occupation Manager, Better Homes

11. Industry or business _____

MOTHER FATHER { 12. Name George Buell
13. Birthplace N.Y.
14. Maiden name Etana Napstok
15. Birthplace Mich
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Bertranda Nutter Buell

(b) Address 3022 Forest R.P.M.

17. (a) Funeral (b) Date thereof Dec. 8-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Libert Mo.

18. (a) Signature of funeral director G. Lund, with Co.

(b) Address Liberty Mo

19. (a) 12-7-43 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6
year 1943 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from October 30, 1943 to December 6, 1943
that I last saw him alive on December 6, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchogenic Carcinoma Duration _____

Due to _____

Due to 47e

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? _____

While at work? _____ (Specify type of place) Means of injury _____

23. Signature Dwight R. Thom (M. D. or other) _____

Address Med. Dir. Gen'l Hosp. Date signed 12-7-43

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

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 _____

Edgar Archer

Licensed Embalmer No. _____

3311

P. O. Address _____

Liberty, 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.