. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9700

Registration District No. FILED APR 15 1944 169 Primary Registration District No. 1002 Registrar's No. 1507

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 1015 Pacific
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 15yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1015 Pacific
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edward Buckner
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex MALE
5. Color or race Col
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 1 (Month) 6 (Day) 1866 (Year)

8. AGE: Years 78 Months 2 Days 24 If less than one day 5 hr. min.

9. Birthplace Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Janitor
11. Industry or business
MOTHER
12. Name Unknown
FATHER
13. Birthplace 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Jennie Faulkner
15. Birthplace Mo. 0 (City, town, or county) (State or foreign country)
16. (a) Informant Harry Buckner
(b) Address 1016 Virginia
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/44 (Month) (Day) (Year)
(c) Place: burial or cremation Highland
18. (a) Signature of funeral director H. B. Moore
(b) Address 1820 E. 18th St.
19. (a) 4-5-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 1 year 1944 hour 11:45 minute a. M.
21. I hereby certify that I attended the deceased from Deputy Coroner, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchio Pneumonia — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy See above

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 J. P. Richardson (M. D. or other)
Address 1832 Vine Date signed 4-3-44

(Licensed Embalmer's Statement on Reverse Side)

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 me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed H B Moore

Licensed Embalmer No. 2410

P. O. Address 1820 E 18

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.