S. No. 2
M—8-43
7. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 26 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36100

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 4715

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: 5331 Highland Little Sisters of the Poor (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 YEARS (Specify whether years, months or days)
In this community 2 years

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. 5331 Highland (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MRS. JOSEPHINE BUYCKEN
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John Buycken
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 15 (Day) 1877 (Year)

8. AGE: Years	Months	Days	If less than one day
68	32	29	hr. min.

9. Birthplace Alton Ill (City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business
MOTHER FATHER
12. Name William Dickman
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Rose Garski
15. Birthplace No record (City, town, or county) (State or foreign country)
16. (a) Informant Sister St. Ursule
(b) Address 5331 Highland
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/17/45 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery
18. (a) Signature of funeral director Zurk and Robin Co
(b) Address 20 W Linwood
19. (a) 11-16-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 14th day Nov year 1945 hour 11:00 minute P M.
21. I hereby certify that I attended the deceased from Feb 1945, 19..., to Nov 13th 1945 19...; that I last saw her alive on Nov 13, 1945, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	6 Hours
Due to Hypertensive Heart Disease	5 years
Due to Arterio-sclerosis	8 years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93d
Of autopsy No

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 John T Shinner (M. D. or other) M D
Address 1402 Bryant Bldg Date signed 11/16/45

(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.....

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

working under my personal supervision.

Signed Charles M Quirk

Licensed Embalmer No. 3774

P. O. Address 20 N Linwood

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.