

**FILED** JAN 21 1946  
Registration District No. **199**

Primary Registration District No. **1002**

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

1002300

**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 **3610 Bellaire 1**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **25 years** (Specify whether years, months or days)  
 In this community **25 years**

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Jackson #8**  
 (c) City or town **Kansas City** **3**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **3610 Bellaire** **8**  
 (If rural, give location) **0**  
 (e) Citizen of foreign country? **No.** (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **ESSIE TAYLOR BUCKNER**  
**3. (b) If veteran,** **None** **3. (c) Social Security** **None**  
 name war \_\_\_\_\_ No. \_\_\_\_\_

**4. Sex** **Fe. 3** **5. Color of race** **Leal.** **6. (a) Single, widowed, married,** **Widowed**  
 divorced \_\_\_\_\_  
**6. (b) Name of husband or wife** **Unknown** **6. (c) Age of husband or wife if** \_\_\_\_\_  
 alive \_\_\_\_\_ years  
**7. Birth date of deceased** **Oct 7, 1892**  
 (Month) (Day) (Year)

**8. AGE:** Years **53** Months **2** Days **24**  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** **San Antonio Texas**  
 (City, town, or county) (State or foreign country)

**10. Usual occupation** **Housewife**

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

**12. Name** **Harry Taylor**

**13. Birthplace** **Unk. 9**  
 (City, town, or county) (State or foreign country)

**14. Maiden name** **Ella Parker**

**15. Birthplace** **Unk. 9**  
 (City, town, or county) (State or foreign country)

**16. (a) Informant** **Emiola Gampso**

**(b) Address** **222 W. California, Chicago Ill**

**17. (a) removal** **(b) Date thereof** **1/5/46**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Chicago, Illinois**

**18. (a) Signature of funeral director** **Stupich Bros**

**(b) Address** **1729 Lybia**

**19. (a) 12-31-45** **(b) Geraldine Holmea**  
 (Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Dec.** day **31**  
 year **1945** hour **6** minute **P.** M.

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_  
 to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive Heart Disease**  
 Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) **93 d**

Major findings: Of operations \_\_\_\_\_

Of autopsy **No-Permit**  
 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) \_\_\_\_\_ (e) Means of injury **Deputy Coroner**

**23. Signature** **Thurcell** (M. D. or other) \_\_\_\_\_

**Address** **2636 Broadway** **Date signed** \_\_\_\_\_

---

---

**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 *Jerome Manlove*  
Licensed Embalmer No. *3994*  
P. O. Address *2503 Highland*

**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.**