

S. No. 2
M-5-43
5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16562

FILED JUN 3 1946

State File No. 2324

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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:
3730 SUMMIT STREET /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 40 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. 3730 SUMMIT STREET
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME MR. SHELBY THOMAS BUFORD

3. (b) If veteran, name war WORLDWARI

3. (c) Social Security No. 487-01-020

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 22 N.O.
year 1946 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from June 1945 to May 22 1946
that I last saw him alive on May 22 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion sudden
Chronic Hypertension 14yr

Due to _____

Due to _____

Other conditions Asthma
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93 d

Of autopsy NO

Duration _____

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. JESSIE BUFORD

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased JULY 19 1891
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|----------|----------------------|
| | <u>54</u> | <u>10</u> | <u>3</u> | hr. _____ min. _____ |

9. Birthplace LEXINGTON KENTUCKY
(City, town, or county) (State or foreign country)

10. Usual occupation ELEVATOR OPERATOR

11. Industry or business K.C. POWER & LIGHT CO.

12. Name CADIMUS BUFORD

13. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)

14. Maiden name SALLY THOMAS

15. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)

16. Informant Mrs Jessie Buford

Address 3730 Summit

17. (a) BURIAL (b) Date thereof MAY 25 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEMETERY

18. (a) Signature of funeral director O.W. Newcomb's son

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 5-25-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

Physician 5940

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 _____

23. Signature M.B. [unclear] (M.D. or other)
Address 4600 Baltimore X-97, 5/22/46

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

JUN 4 1940

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3,311-7

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 Ernie M. Calhoun
Licensed Embalmer No. 3506
P. O. Address Kc 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.