

FILED JUL 9 1946 STANDARD CERTIFICATE OF DEATH

19564

State File No.

Registrar's No. 749

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp # 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 27 yrs 7 mo 8 da
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1300 Cleveland
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Alva Buick

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years

7. Birth date of deceased Nov 1918 (Month) (Day) (Year)

8. AGE: Years about 67 Months - Days - If less than one day - hr. - min.

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

10. Usual occupation None

11. Industry or business

MOTHER FATHER

12. Name J.M. Guinn

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

14. Maiden name None

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

16. (a) Informant Co. Ed Jackson Co (b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-46 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cemetery N.C. Home

18. (a) Signature of funeral director Daniel D. Brown

(b) Address 644 Kansas Ave N.C. Kansas

19. (a) July 5, 1946 (Date received local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month June day 28 year 1946 hour 3 minute 0 M.

21. I hereby certify that I attended the deceased from 6/1 1946 to 6/28 1946 that I last saw him alive on June 1/46 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction Duration

Due to None
Due to None

Other conditions None (Include pregnancy within 3 months of death)

Major findings: Of operations None Of autopsy None PHYSICIAN [Signature] 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) None
(b) Date of occurrence None
(c) Where did injury occur? (City or town) (County) (State) None
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None
While at work? (Specify type of place) (e) Means of injury None

23. Signature [Signature] (M. D. or other) M.D. Address State St. St. Joseph Date signed 6/28/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
18440

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 *G M Peterson*

Licensed Embalmer No. *2279*

P. O. Address *Swanwick N*

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.