

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **999**
Registrar's No. **115**

Registration District No. **149** Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **JACKSON**
(b) City or town **KANSAS CITY**
(c) Name of hospital or institution: **4120 WARRICK BLDG.**
(d) Length of stay: In hospital or institution **40 YEARS**
In this community **40 YEARS**

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **JACKSON**
(c) City or town **KANSAS CITY**
(d) Street No. **4120 WARRICK BLDG.**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **EMIL BUCK**
(b) If veteran, name war **No**
(c) Social Security No. **487-07-3291**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **JAN**, day **7th**, year **1947**, hour **11**, minute **15P** M.

4. Sex **MALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **MRS. SYLVIA BUCK**
6. (c) Age of husband or wife if alive **39** years
7. Birth date of deceased **SEPTEMBER 12 1887**

21. I hereby certify that I attended the deceased from **1947** to **1947**
that I last saw him alive on **1947** and that death occurred on the date and hour stated above.
Immediate cause of death **Coronary Insufficiency**

8. AGE: Years **59** Months **50** Days **3** 25 hr. min.

Due to **status reversion**
Due to _____
Other conditions (include pregnancy within 3 months of death) **95C**

9. Birthplace **OSAGE CITY KANSAS**

Major findings: Of operations _____

10. Usual occupation **COMMERCIAL AGENT**

Of autopsy **no**

11. Industry or business **NATIONAL CARLOADING COMPANY**

22. If death was due to external causes, fill in the following:
Accident, suicide, or homicide (specify) _____
Date of occurrence _____

12. Name **JACOB BUCK**

(e) Where did injury occur? _____
(City or town) (County) (State)

13. Birthplace **COPENHAGEN DENMARK**

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place) (e) Means of injury **3**

14. Maiden name **VENOLA ANDERSON**

23. Signature **Jimmie Oldham** (M. D. or other) **Coron**
Address **1424 1/2 W. 7th** Date signed **1-9-47**

15. Birthplace **SWEDEN**

16. (a) Informant **Mrs. Emil Buck**
(b) Address **4120 Warrick Bldg**

17. (a) **BURIAL** (b) Date thereof **JAN 10 1947**
(c) Place: burial or cremation **MT. MORIAH CEMETERY**

18. (a) Signature of funeral director **O. H. Bloomer, Sr.**
(b) Address **1401 BRUSH CREEK BLVD.**

19. (a) **1-10-47** (b) **Thelma Holmes**
(Date received local registrar) (Registrar's signature)

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

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 Melvin Miller

Licensed Embalmer No. 4407

P. O. Address K.C. 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.