

FILED FEB 11 1947
Registration District No. **149**

Primary Registration District No. **1002**

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

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:
4000 Warwick
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **no.** (Specify whether)
In this community **4 years**
years, months or days)

3. (a) PRINT FULL NAME **Mrs. Mary Frances Buster**
3. (b) If veteran, name war **no.**
3. (c) Social Security No. **no.**

4. Sex **female** / 5. Color or race **white**
6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **unknown**
6. (c) Age of husband or wife if alive **x** years
7. Birth date of deceased **December 9 1861**
(Month) (Day) (Year)

8. AGE:
Years **85** Months **1** Days **18**
If less than one day
hr. min.

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

10. Usual occupation **at home**

11. Industry or business **x**

MOTHER FATHER
12. Name **William Alexander Patton**
13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)
14. Maiden name **Eliza Owens**
15. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **Olivia Buster,**
(b) Address **4000 Warwick, Kansas City, Mo.**

17. (a) removal (b) Date thereof **1-28-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Joseph, Missouri**

18. (a) Signature of funeral director **Stine & McClure**
(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) 1-28-47 (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

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. **4000 Warwick**
(If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country **x**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **27**
year **1947** hour **8:30** minute **P** M.

21. I hereby certify that I attended the deceased from
Mar 28 1944 to Jan 27 1947
that I last saw **EA** alive on **Jan 26 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **COBURNARY SCLEROSIS**
Due to _____
Duration **Days**

Due to _____
Other conditions **Cor. Myo. Cardios**
(Include pregnancy within 3 months of death) **225**

Major findings: **Sclerosis**
Of operations **O 93 d**
Of autopsy _____
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature **B. C. Leonard** (M. D. or other) **MD**
Address **6244 Piquette St. Kansas City, Mo.** Date **Jan 28 47**

Dr. P. C. Quistgard, 6944 Prospect

Office / To 4 Today

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..... Robert H Reed

Licensed Embalmer No. 3745

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.