

No. 2
12-45
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X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13380

State File No. _____

FILED APR 23 1947

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 1648

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:
Menorah Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
(Specify whether
In this community 28 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3035 Main Street 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Garrie N. BUCKLEY

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John B. Buckley 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased July 12, 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 8 27 hr. min.

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

10. Usual occupation Housewife

11. Industry or business At home

MOTHER FATHER { 12. Name William A. Nelson

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

14. Maiden name Emma Byrd

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

16. (a) Informant Mr. J. B. Buckley

(b) Address 3035 Main St., K. C., Mo.

17. (a) Burial (b) Date thereof 4-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Melody-McGilley-Eylar

(b) Address Kansas City, Missouri

19. (a) 4-11-47 (b) Shadline Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1947 hour 8 minute 30A M.

21. I hereby certify that I attended the deceased from April 9 to April 9, 1947
that I last saw him alive on April 9, 1947
and that death occurred on the date and hour stated above. 1947

Immediate cause of death _____

Carcinoma of Cervix involving parametrium
Due to _____
Due to _____

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

Major findings:
Of operations _____

Of autopsy Carcinoma of Cervix
liberum

22. If death was due to external causes, fill in the following:

(c) 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? _____

23. Signature John B. Nelson (Specify type of place) _____ (c) Means of injury _____
While at work? _____

Address 306 E 12 (M. D. or other) _____
Date signed 10/24/47

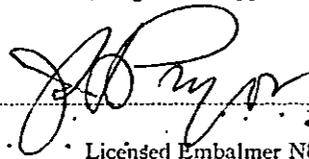
* Duration: _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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.....



Licensed Embalmer No. 2999

P. O. Address.....

K.C.

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.