S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31124

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 4071

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 O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 12½ HOURS (Specify whether years, months or days)
In this community: 12½ HOURS

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.: 2446 KENSINGTON AVENUE 6
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) O
If yes, name country: - - - - -

3. (a) PRINT FULL NAME: INFANT BOY BUZAN (A)
3. (b) If veteran, name war: No
3. (c) Social Security No.: NONE
4. Sex: MALE O
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: SINGLE O
6. (b) Name of husband or wife: - - - - -
6. (c) Age of husband or wife if alive: - - - - years
7. Birth date of deceased: SEPTEMBER (Month) 25 (Day) 1947 (Year)

8. AGE: Years | Months | Days | If less than one day: 12 hr. 30 min.

9. Birthplace: KANSAS CITY (City, town, or county) MISSOURI (State or foreign country) O
10. Usual occupation: INFANT
11. Industry or business: - - - - -
12. Name (FATHER): ROBERT OSCAR BUZAN O
13. Birthplace: KANSAS CITY (City, town, or county) MISSOURI (State or foreign country) O
14. Maiden name (MOTHER): LILLIAN PARKER HENSON
15. Birthplace: CHARLESTON (City, town, or county) WEST VIRGINIA (State or foreign country)
16. (a) Informant: MR ROBERT OSCAR BUZAN
(b) Address: 2446 KENSINGTON AVENUE
17. (a) Burial, cremation, or removal: BURIAL (b) Date thereof: SEPT 27 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: MT. MORIAH CEMETERY
18. (a) Signature of funeral director: D. N. Newcomer's Son
(b) Address: 1401 BRUSH CREEK BLVD.
19. (a) Date received local registrar: 9-26-47 (b) Registrar's signature: Geraldine Holmes

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER Day 26TH year 1947 hour 12 minute 5 A.M.
21. I hereby certify that I attended the deceased from Sept 25th, 1947, to Sept 26, 1947, that I last saw him alive on Sept 25, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Premature birth, seven month gestation — Duration: 1

Due to: — Duration:

Due to: — Duration:

Other conditions (Include pregnancy within 3 months of death): 159

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause of 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? (Specify type of place) O
While at work? (e) Means of injury:

23. Signature: John H. Lapp (M. D. or other) M.D.
Address: 1314 Professional B. Date signed: 9/26/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Edward M. Storey

Licensed Embalmer No. 54452

P. O. Address K.C. 4 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.