

No. 2
-12-45
7-39
X47970

Teacher and Coburn
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE OF MISSOURI STANDARD CERTIFICATE OF DEATH

999

State File No. _____

FILED JAN 20 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
RESEARCH HOSPITAL
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days
(Specify whether
 In this community 21 years
years, months or days)

3. (a) PRINT FULL NAME Mr Walter E. Buford

3. (b) If veteran, name war no
 3. (c) Social Security No. unknown

4. Sex M Color or race W
 5. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Sarah, m
 6. (c) Age of husband or wife if alive 55 years
 7. Birth date of deceased Dec 26 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>0</u>	<u>27</u>	hr. _____ min. _____

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

10. Usual occupation Car Inspector

11. Industry or business H. C. Terminal

MOTHER FATHER

12. Name Millard J Buford Buford
 13. Birthplace Estell, Mo.
(City, town, or county) (State or foreign country)
 14. Maiden name Estelle Pitcock
 15. Birthplace Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Sarah M. Buford
 (b) Address 326 So Kensington

17. (a) Removal
(Burial, cremation, or removal) (b) Date of death 1-5-48
(Month) (Day) (Year)

(c) Place: burial or cremation Westplains Mo.

18. (a) Signature of funeral director C. H. Blackman & Son
 (b) Address Kansas City, Mo.

19. (a) 1-4-48
(Date received local registrar) (b) Theridine Holmes
(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. 326 So Kensington
(If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3 year 1948 hour 2 minute 55 A. M.

21. I hereby certify that I attended the deceased from Jan 1,
1948, to Jan 3, 1948;
 that I last saw him alive on Jan 2, 1948;
 and that death occurred on the date and hour stated above.

Immediate cause of death Brain tumor
left parietal, malignant,
metastatic from
 Due to Carcinoma of thyroid

Due to _____
 Other conditions 55C
(Include pregnancy within 3 months of death)

Major findings: Brain tumor
 Of operations _____
 Of autopsy Carcinoma of thyroid
metastases in brain

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 William F. Williamson (M. D. or other) M.D.
 Address Kansas City, Missouri Date signed Jan 4, 1948

Duration 1 month
 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 OK McFarland

Licensed Embalmer No. 4397

P. O. Address Kansas City 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.