. No. 300
I—10-47
. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 20 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8737

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 970

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: General Hospital #2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution few minutes (Specify whether
In this community About 45 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. 1411 Highland 8
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Buford C. Henry

3. (b) If veteran, name war None

3. (c) Social Security No. unknown

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Robbie Mae Henry

6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased March (Month) - 7 (Day) - 1917 (Year)

8. AGE:

Years	Months	Days	If less than one day
30	11	14	hr. min.

9. Birthplace Vian (City, town, or county) Okla. (State or foreign country) 1

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name John Henry
13. Birthplace (City, town, or county) Texas (State or foreign country) 1

MOTHER
14. Maiden name Hattie Williams
15. Birthplace (City, town, or county) Ala. (State or foreign country) 1

16. (a) Informant James A. Henry
(b) Address 1424 Holmes

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/3/48 (Month) (Day) (Year)
(c) Place: burial or cremation Vian, Okla

18. (a) Signature of funeral director E. Sterling Bills
(b) Address 1212 Vine St., Kansas City, Mo.

19. (a) 3-2-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 21
year 1948 hour 10 minute 20 P. M.

21. I hereby certify that I attended the deceased from Deputy, to Crone, 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Shock	
Due to Internal Hemorrhage	
Due Multiple Gun Shot Wounds	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 166	
Of autopsy No-Permit	

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) Justifiable Homicide
(b) Date of occurrence 2 - 21 - 48
(c) Where did injury occur? K. C. Jackson (City or town) Mo. (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Tavern) (Specify type of place)
While at work? Mo. (e) Means of injury Gun Shot

23. Signature J. Williams (M. D. ~~or other~~) 0
Address 2636 - Brooklyn Date signed

(Licensed Embalmer's Statement on Reverse Side)

2 - 25 - 48

JUN 1 1955

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 E. Sterling Bills

Licensed Embalmer No. 3178

P. O. Address 1212 Vine St., Kansas Cit
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.