

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19569

State File No.

2515

FILED JUN 26 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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:
1703 E. 18th. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 35 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") 8
(d) Street No. 2458 Wabash 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Alfred L. (McKinney) Buckingham

3. (b) If veteran, name war World War 2 3. (c) Social Security No. 459-09-4461

4. Sex male 2 5. Color or race negro 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 7 1909
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
| | 39 | 1 | 3 | hr. min. |

9. Birthplace Tulsa Oklahoma
(City, town, or county) (State or foreign country)

10. Usual occupation Hotel Work

11. Industry or business _____

12. Name John L. Buckingham Buckingham

13. Birthplace Alabama (State or foreign country)

14. Maiden name Bessie Dockett

15. Birthplace Florence Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant Curtis Washington

(b) Address 2458 Wabash

(c) Date thereof June 16, 1948
(Month) (Day) (Year)

(d) Place: burial or cremation National Cemetery

(e) City St. Leavenworth, Kansas

(f) Signature of funeral director Fannie L. Mueh

(g) Address 6-15-48 (Date received local registrar)
Sheldine Holme (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 10 year 1948 hour 1 minute 30 A-M.

21. I hereby certify that I attended the deceased from Deputy Coroner 19____
that I last saw h_____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Shock of External Hemorrhage
Due to Stab Wound of Left chest
Due to _____

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

Major findings: _____
Of operations _____
Of autopsy no - Permit

Duration _____
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) Homicide

(b) Date of occurrence 6-10-48

(c) Where did injury occur? K.C. - Taylor - Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Hotel Room - 1703 - E - 18th
While at work? yes (Specify type of place) (e) Means of injury Stab Wound

23. Signature W. Williams (M. D. or other) W.C.

Address 2636 Brooklyn Date signed _____

6-15-48

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. 15
working under my personal supervision.

Signed Fannie D. Meek

Licensed Embalmer No. 3818

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo
County of Jackson SS

State File No. 19569
Local Registrar's No. 2515-48

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 5 day of Sept, 1948, before me appears Curtis
Washington, who, upon his oath, states that the original record of ~~birth~~ death
for Alfred D. M^cKinney, died 6-10, 1948, in the State of
Missouri, and which was filed at 47 E. 7th on 6-13-1948 should be corrected as follows:

Item No. 3 should read Alfred D. Buckingham (M^c Kinney)

Instead of Alfred D. M^c Kinney

Item No. 12 should read John D. Buckingham

Instead of John D. Buckand

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Curtis Washington father
Relationship

2458 Wabash
Present Address.

Subscribed and sworn to before me this 15 day of Sept, 1948

My Commission expires My Commission Expires Oct. 5, 1951 Maynard P. Miller Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-19569