

No. 300  
1-10-47  
5-17-39  
I 3908

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **26179**  
Registrar's No. **3378**

FILED SEP 4 1948  
Registration District No. **149**

Primary Registration District No. **1002**

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 No. 1 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 mins.  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Kansas (b) County Wyandotte **999**

(c) City or town Kansas City **14**  
(If outside city or town limits, write "RURAL")

(d) Street No. 98 Graystone Avenue **2**  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** James Henry Buzbee

**3. (b) If veteran, name war** No

**3. (c) Social Security No.** 513-01-2857

**4. Sex** Male **5. Color or race** White

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

**6. (b) Name of husband or wife** Goldie Buzbee

**6. (c) Age of husband or wife if alive** 57 years

**7. Birth date of deceased** 6 10- 1888  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>60</u>	<u>2</u>	<u>7</u>	hr. _____ min.

**9. Birthplace** Topeka Kansas **1**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Day Laborer

**11. Industry or business** \_\_\_\_\_

**12. Name** Leonard S. Buzbee

**13. Birthplace** Nebraska City Neb **1**  
(City, town, or county) (State or foreign country)

**14. Maiden name** Etta Latis

**15. Birthplace** Carrollton Ill. **1**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** + Goldie Buzbee

**(b) Address** 98 Graystone Ave. Kansas City, Mo.

**17. (a) Burial, cremation, or removal** Annual (b) Date thereof 8-20-1948  
(Month) (Day) (Year)

**(c) Place: burial or cremation** Maple Hill Cemetery

**18. (a) Signature of funeral director** John Daniels

**(b) Address** 644 Kansas Ave. N. E. Kansas

**19. (a) Date received local registrar** 8-19-48 (b) Geraldine Holmes  
(Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Aug. day 17  
year 1948 hour 4 minute 10 P. M.

**21. I hereby certify that I attended the deceased from** 8-17  
1948 to 8-17 1948

that I last saw him alive on 8-17 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 940

Of operations \_\_\_\_\_

Of autopsy See above

**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? \_\_\_\_\_

(e) Means of injury \_\_\_\_\_ (Specify type of place) \_\_\_\_\_

**23. Signature** Wm W. Hart (M. D. or other) 0  
8-18-48 **Date signed**

Address Med. Dir. Gen'l Hosp.

**Duration**

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

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**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..... *H. Simmons* .....

Licensed Embalmer No..... *3903* .....

P. O. Address..... *K C K* .....

**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.**