

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 7 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29212
State File No. _____
Registrar's No. 92

Registration District No. 12 Primary Registration District No. 8013

1. PLACE OF DEATH:
 (a) County Chay
 (b) City or town North Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2008 CHAY STREET 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution NONE (Specify whether
 In this community 50 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Chay 24
 (c) City or town North Kansas City 2
(If outside city or town limits, write "RURAL")
 (d) Street No. 2008 CHAY STREET 1
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country NONE

3. (a) PRINT FULL NAME GEORGIA ALICE Buhbock

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife William Buhbock 6. (c) Age of husband or wife if deceased DECEASED years

7. Birth date of deceased April 29 1859
(Month) (Day) (Year)

8. AGE: Years 89 Months 4 Days 1 If less than one day hr. min.

9. Birthplace Platte County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business SAME AS ABOVE

MOTHER { 12. Name GEORGE CAUENDER
 13. Birthplace CHS Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name EMALINE TALBOT
 15. Birthplace CHS Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. H. Morgan
 (b) Address 2008 Chay North Kansas City, Mo.

17. (a) BURIAL (b) Date thereof Sept 1, 1948
(Burial, cremation, etc.) (Month) (Day) (Year)

(c) Place of burial or cremation Smithville, Missouri

18. (a) Signature of funeral director McComas Funeral Home
 (b) Address Smithville, Missouri

19. (a) Sept 1, 48 (b) Beulah Kitchener
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30th
 year 1948 hour 9 minute 00 P. M.

21. I hereby certify that I attended the deceased from Aug 15 to Aug 30, 1948.

that I last saw her alive on Aug 30, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 15 days

Due to Hypertensive Cerebral - Vascular disease 10 years

Due to _____

Other conditions (Include pregnancy within 5 months of death)

Major findings: ASP

Of operations _____

Of autopsy _____

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) _____

(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 J. H. ... (M. D. or other) MD
 Address 2025 Smithville, Mo. Date signed F. 31. 48

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 10-6-48

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 CH

CH....., Registered Apprentice No. CH
working under my personal supervision.

Signed Chas. J. Boggs, Jr.
Licensed Embalmer No. 3940
P. O. Address Smithville, 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.