

FILED APR 6 1949

STANDARD CERTIFICATE OF DEATH

State File No.

8293

1041

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>4 YEARS</u>		c. CITY OR TOWN <u>KANSAS CITY</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LINWOOD NURSING HOME</u>				d. STREET ADDRESS (If rural, give location) <u>1308 SUMMIT STREET</u>			
3. NAME OF DECEASED (Type or Print) <u>JAMES</u>		a. (First) <u>FRANK</u>		c. (Last) <u>BUCKLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 5. 1949</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>OCTOBER 12, 1897</u>		9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done, or if retired, state, even if retired) <u>RETIRED DRUGGIST</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>4301 WOODLAND DUSTY KANSAS CITY, MO.</u>		11. BIRTHPLACE (State or foreign country) <u>SPRINGFIELD, ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>ROSE BUCKLEY</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>487-12-8687A</u>		17. INFORMANT'S SIGNATURE OR NAME <u>JACK BUCKLEY</u>		ADDRESS <u>SAYRE OKLAHOMA</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Central Arteriosclerosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>1942</u> , to <u>3-5</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>2-19</u> , 19 <u>49</u> , and that death occurred at <u>7:30 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank B. Leitz</u> (Degree or title) _____				23b. ADDRESS <u>1530 W. Bluff Laundry Mo</u>		23c. DATE SIGNED <u>3-5-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MARCH 7-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ELMWOOD CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO</u>	
DATE REC'D BY LOCAL REG. <u>3-7-49</u>		REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Newcomer</u>		ADDRESS <u>Law, K. C. Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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_____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Bernard J. Horan

Licensed Embalmer No. 4250

P. O. Address NC Ma

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.

Handwritten signature/initials in the top right corner.