

FILED DEC 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39838**
Registrar's No. **1398**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH
a. COUNTY **Buchanan**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **Buchanan**

b. CITY OR TOWN **St. Joseph** c. LENGTH OF STAY (in this place) **66 yrs.**

c. CITY OR TOWN **St. Joseph** d. STREET ADDRESS **512 So. 21st Street**

d. FULL NAME OF HOSPITAL OR INSTITUTION **512 So. 21st Street**

3. NAME OF DECEASED
a. (First) **William** b. (Middle) **Alfred** c. (Last) **Buckner**

4. DATE OF DEATH (Month) (Day) (Year)
12 9 1950

5. SEX **Male** **6. COLOR OR RACE** **Negro** **7. MARRIED/NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **Widowed**

8. DATE OF BIRTH **11 4 1884** **9. AGE** (In years last birthday) **66** IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HR.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Laborer** **10b. KIND OF BUSINESS OR INDUSTRY** **Common Labor** **11. BIRTHPLACE** (State or foreign country) **St. Joseph, Mo.** **12. CITIZEN OF WHAT COUNTRY?** **U.S.A.**

13a. FATHER'S NAME **Alfred Buckner** **13b. MOTHER'S MAIDEN NAME** **Sarah K. Glover** **14. NAME OF HUSBAND OR WIFE** **Mrs. Martha Buckner**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) _____ **16. SOCIAL SECURITY NO.** **486-24-9936** **17. INFORMANT'S SIGNATURE OR NAME** **Mrs. Sarah K. Buckner** **ADDRESS** **709 So. 20th**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Arteriosclerotic Heart Disease**
ANTECEDENT CAUSES
Arteriosclerosis
II. OTHER SIGNIFICANT CONDITIONS
XXXXXXXXXXXX

INTERVAL BETWEEN ONSET AND DEATH
1 year
Unknown
4200

19a. DATE OF OPERATION **XXXXXX** **19b. MAJOR FINDINGS OF OPERATION** **XXXXXXXXXX** **20. AUTOPSY?** YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **XXXXXXXXXX** **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) **XXXXXXXXXX** **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** **XXXXXXXXXX**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **XXXXXXXXXX** **21e. INJURY OCCURRED WHILE AT** NOT WHILE **21f. HOW DID INJURY OCCUR?** **XXXXXXXXXXXX**

22. I hereby certify that I attended the deceased from Jan. 9, 1950, to Dec. 9, 1950; that I last saw the deceased alive on Dec. 8, 1950 and that death occurred at 9:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Clemens P. ...** **23b. ADDRESS** **Schneider Building St. Joseph, Missouri** **23c. DATE SIGNED** **12-12-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **24b. DATE** **12 13 1950** **24c. NAME OF CEMETERY OR CREMATORY** **City Cemetery** **24d. LOCATION** (City, town, or county) (State) **St. Joseph Mo.**

DATE REC'D BY LOCAL REG. **Dec 13, 1950** **REGISTRAR'S SIGNATURE** **Carl C. Cash** **546** **25. FUNERAL DIRECTOR'S SIGNATURE** **Wm. H. Alexander** **ADDRESS** **St. Joseph Mo.**

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

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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.....

..... Student Embalmer No.

working under my personal supervision.

Signed Wm H Alexander

Signed.....
Student Embalmer

Licensed Embalmer No. 4450

P. O. Address St. Joseph, 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.