

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20070**
2384

FILED JUN 23 1951

BIRTH NO. 36979-57 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2384

| | | | |
|--|---|---|---|
| 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>life</u> | c. CITY OR TOWN <u>Kansas City</u> | 3d. STREET ADDRESS (If rural, give location) <u>2415 Tracy Apt. B-6</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wheatley Host</u> | | | |

3. NAME OF DECEASED
(Type or Print) a. (First) Infant b. (Middle) Buckman c. (Last) Buckman
DATE OF DEATH (Month) (Day) (Year) June 3, 1951

5. SEX Female 6. COLOR OR RACE Col. 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant 8. DATE OF BIRTH June 3, 1951 9. AGE (In years last birthday) 3 IF UNDER 1 YEAR Months 0 Days 3 IF UNDER 12 HRS. Hours 3 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (State or foreign country) Kansas City, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Hollis Edward Buckman 13b. MOTHER'S MAIDEN NAME Nezola Humphrey 14. NAME OF HUSBAND OR WIFE Infant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None (If yes, give war or dates of service) None 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Mr. Hollis Buckman ADDRESS 2415 Tracy Ave

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
None

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity
ANTECEDENT CAUSES DUE TO (b) Unknown
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) "

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
7/14

19a. DATE OF OPERATION None 19b. MAJOR FINDINGS OF OPERATION None 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from June 3, 1951, to June 3, 1951, that I last saw the deceased alive on June 3, 1951, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE George H. Tatt MD (Degree or title) M.D. 23b. ADDRESS 2204 E. 18th st. 23c. DATE SIGNED 6-4-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE June 4, 1951 24c. NAME OF CEMETERY OR CREMATORY Lincoln Cem. 24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 6-4-51 REGISTRAR'S SIGNATURE Sheraldine Holmes 25. FUNERAL DIRECTOR'S SIGNATURE W. Davis ADDRESS 1415 Truman Rd

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student-Embalmer

Signed *C. E. Davis*.....

Licensed Embalmer No. 4417.....

P. O. Address A. C. 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.