

FILED SEP 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29780**
3942
Registrar's No.

BIRTH NO.		REG. DIST. NO. 393		PRIMARY REG. DIST. MO. 002		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Clay				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay			
b. CITY OR TOWN Kansas City, North		c. LENGTH OF STAY (in this place) 1 yr		c. CITY (If outside corporate limits, write RURAL and give township) Kansas city, North		d. STREET ADDRESS (If rural, give location) 45th Kensington, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 45th Kensington, Mo.				d. STREET ADDRESS (If rural, give location) 45th Kensington, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) Buck		b. (Middle) Julian		c. (Last) Meaker		4. DATE OF DEATH (Month) (Day) (Year) Sept 14 1951	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH 14 Jan 1941	
9. AGE (In years last birthday) 10		10. 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) Georgia	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Vernon Meaker		13b. MOTHER'S MAIDEN NAME Bernice Goforth		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Vernon Meaker ADDRESS KCN			
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, asthenia, etc.—It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) (c) Lymphatic Leukemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic fever DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 Mo. 1 yr 2040	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min)		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 9-7, 1951 , to 9-14, 1951 , that I last saw the deceased alive on 9-14, 1951 , and that death occurred at 11:15 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Roy V. Culp		(Degree or title)		23b. ADDRESS 912 Bernard Bldg. KCN		23c. DATE SIGNED 9-15-51	
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 15 Sept. 1951		24c. NAME OF CEMETERY OR CREMATORY Fairview		24d. LOCATION (City, town, or county) (State) Liberty Mo.	
DATE REC'D BY LOCAL REG. 9-15-51		REGISTRAR'S SIGNATURE Suzaldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Morton Funeral Home ADDRESS NKC.			

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

John M. Weston, III

Licensed Embalmer No. *4856*

P. O. Address: *North KC, 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.