.S. No. 300
EV. 10-48

FILED JAN 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 45047

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 6189

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

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 709 Washington

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Jackson
c. CITY OR TOWN Kansas City
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐ 3118
e. STREET ADDRESS (If rural, give location) 709 Washington

3. NAME OF DECEASED (Type or Print) a. (First) Margaret b. (Middle) c. (Last) Margarete Buchanan

4. DATE OF DEATH (Month) (Day) (Year) 12-26-53

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) c g
8. DATE OF BIRTH Aug 25-1868
9. AGE (In years last birthday) 85 yrs; IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) c
10b. KIND OF BUSINESS OR INDUSTRY c
11. BIRTHPLACE (City and State or Foreign Country) c g
12. CITIZEN OF WHAT COUNTRY? -

13a. FATHER'S NAME c
13b. MOTHER'S MAIDEN NAME —
14. NAME OF HUSBAND OR WIFE c

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) c
16. SOCIAL SECURITY NO. c
17. INFORMANT'S SIGNATURE OR NAME Coroners office ADDRESS

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) Cause of Death unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
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
7955

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION no part permit
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) natural
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Hugh H. Owens (Degree or title) Hugh H. Owens Coroner
23b. ADDRESS 1034 Realty Bldg
23c. DATE SIGNED 12-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Anatomical
24b. DATE 1-7-54
24c. NAME OF CEMETERY OR CREMATORY K. C. University Dental
24d. LOCATION (City, town, or county) (State) KC Mo

DATE REC'D BY LOCAL REG. 1-7-54
REGISTRAR'S SIGNATURE Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE Peter B. Lazeteur ADDRESS KC Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

The Division of Health of Missouri
BUREAU OF VITAL STATISTICS

State File No. 45047/53

State of Missouri } ss.
County of Jackson }

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 6189

On this 29th. day of August, 1955, before me appears Margueritte Wren, who, upon her oath, states that the original record of ~~birth~~ death for Margarete Buchanan, died ~~born~~ Dec. 26, 1953 in the State of Missouri, and which was filed at ~~Jefferson~~ KANSAS City, Missouri on 1-7-54, 19..., should be corrected as follows:

Item No. 8 should read August 5, 1868
Instead of ---

Item No. 9 should read 85 yrs.
Instead of 75 yrs.

Item No. 3 should read Margaret Buchanan
Instead of Margarete Buchanan

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read verified by Jackson County Welfare Records.
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Margueritte Wren niece
Relationship.
6844 Oak Terrace, K.C. Mo.
Present Address.

Subscribed and sworn to before me this 29th day of August, 1955.

My Commission expires August 24, 1956 Bessie W. Smith Notary Public.

1. Affidavits containing erasures will not be accepted; draw one line through error and write above it.
2. An item already amended once by affidavit cannot be amended again by affidavit.
3. A surname is changed by court order or by adoption or legitimation procedures. Carl o-K

V. S. 460

S-45047