

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

1374
Do not use this space.

DEC'D FEB 20 1939

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. St. Mary's Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John F. Buckingham
 (a) Residence, No. 3818 Prospect St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Lelia Buckingham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 7, 1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	74	10	20	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Railroad Clerk

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1939, to Jan 27, 1939
 Last saw him alive on Jan 27, 1939. Death is said to have occurred on the date stated above, at 11 P. m.
 The principal cause of death and related causes of importance were as follows:

Central Neurotoxic Date of onset Jan 19, 1939
Terminal Renal pneumonia Jan 25, 1939
 820

Other contributory causes of importance:
Generalized arterio-sclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER 13. NAME John L. Buckingham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

MOTHER 15. MAIDEN NAME Gilber

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT Ernest Buckingham (Son)
 (ADDRESS) 3818 Prospect, Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL Forest Hill Cemetery
 PLACE Kansas City, Mo. DATE January 30, 1939

19. FUNERAL DIRECTOR (NAME) Stine & McClure
 (ADDRESS) Kansas City, Missouri

20. FILED Jan 30, 1939 M. M. Brown
 Local Registrar.

Name of operation None Date of _____

What test confirmed diagnosis? Physical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) J. E. Coates, M. D.
 (Address) 1002 Ogden Bldg
H. B. Two

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Ha: 5037
Angie Bell

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.