

No. 2  
1-10-39  
-17-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 17668  
Registrar's No. 2195

Registration District No. 399 Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Luke's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 19 years. months or days)

3. (a) PRINT FULL NAME Mrs. Dollie M. Buskirk  
3. (b) If veteran, name was none  
3. (c) Social Security No. none  
4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Paul Buskirk  
6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased February 16, 1889  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
51 3 12 hr. \_\_\_\_\_ min.

9. Birthplace Lindsborg, - - - Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Willard P. Van Horne  
13. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret E. King  
15. Birthplace Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Van Horne  
(b) Address 2810 Gillham Road

17. (a) Removal (b) Date thereof May 30, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Lindsborg, Kansas

18. (a) Signature of funeral director Freeman Mortuary  
(b) Address 104 W. 42nd St., K.C., Mo.

19. (a) May 29, 1940 (b) M.M. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2810 Gillham Road  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28,  
year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from April 9, 1940, to May 28, 1940;  
that I last saw her alive on May 28, 1940;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Cerebral Hemorrhage *Duration*  
with softening of brain tissue on (see above)  
left side

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions none  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: none  
Of operations \_\_\_\_\_  
Of autopsy as above  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
3 (a) \_\_\_\_\_ (Specify type of place)  
While at work \_\_\_\_\_ (e) Means of injury T  
23. Signature Thos M. Glavin (M. D. or other)  
Address 546 N. W. 13th St., K.C., Mo. Date signed 5-29-40

**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.**

*Handwritten notes:*  
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Embalmer