

No. 4-5  
I X23139

FEB 14 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2963

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

19  
2  
5  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Jasper  
 (a) County Jasper  
 (b) City or town Joplin  
 (c) Name of hospital or institution: O St. Johns Hosp.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 20 Years.  
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Kathryn J. Buffalo  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. No

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced, Married  
 6. (b) Name of husband or wife Paul Buffalo  
 6. (c) Age of husband or wife if alive 25 years  
 7. Birth date of deceased Sept 19, 1920  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	20	3	26	hr. min.

9. Birthplace Joplin Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

12. Name Merle Rice

13. Birthplace Joplin Mo;  
 (City, town, or county) (State or foreign country)

14. Maiden name Mae Fuller

15. Birthplace Oklahoma  
 (City, town, or county) (State or foreign country)

16. (a) Informant Paul Buffalo

(b) Address 211 E. 23rd St. Joplin Mo.

17. (a) Burial (b) Date thereof 1-16-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DZARK MEM-PK

18. (a) Signature of funeral director Hurlbut Und. Co;  
 (b) Address Joplin Mo;

19. (a) 1-15-41 (b) [Signature]  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jasper  
 (c) City or town Joplin Mo;  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 211 E. 23rd St;  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? No years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Jan, 14 day 1940.  
 year hour 9-30 A.M. minute M.

21. I hereby certify that I attended the deceased from Jan 1938  
 , 19, to , 19;  
 that I last saw her alive on 1-14-41  
 and that death occurred on the date and hour stated above.

Immediate cause of death Heart block

Due to Chronic inflammatory  
 Due to pelvic disease

Other conditions no  
 (Include pregnancy within 3 months of death)

Major findings: Bilateral tubo-ovarian  
 abscesses - acute appendicitis  
 Or autopsy + para-appendicitis

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

(a) Accident, suicide, or homicide (specify) no

(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?  
 379

While at work? (Specify type of place) (e) Means of injury

23. Signature [Signature] (M. D. [Signature])  
 Address 617 Trisco Bldg Date signed 1-15-41

Duration  
 PHYSICIAN  
 Underline the disease which death should be charged statistically.

41-2-171

121

OCT 6 1944

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 Sam E. Sensemyer

Licensed Embalmer No. 4099

P. O. Address Joplin 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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2963

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ (Specify whether)  
years, months or days

3. (a) PRINT FULL NAME Kathryn J. Buffalo

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband, or wife, if alive \_\_\_\_\_ years

7. Birth date of deceased \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

8. AGE: Years 20 Months 3 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14  
year 1947 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Heart Block (Duration)

Chronic Inflammatory pelvis disease

Due to A non gonococcal - Bilateral tubo ovarian abscesses acute

Major findings: Appendicitis & peritonitis

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other)

Address 614 Tracy Bell Joplin Mo Date signed 4-14-47

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

SUPPLEMENTARY

