

FILED OCT 20 1942 149

Primary Registration District No. 1002

3618

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

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution:
Alley behind 1429 1/2 East 18th St.
(d) Length of stay: In hospital or institution **XX**
In this community **Life**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **4727 McGee**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Samuel Shelby Bucher**

3. (b) If veteran, name war **XX** 3. (c) Social Security No. **499-09-0628**

4. Sex **Male** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Arvilla Bucher** 6. (c) Age of husband or wife if alive **23** years

7. Birth date of deceased **January 3 1918**

8. AGE:	Years	Months	Days	If less than one day
	24	8	29	hr. min.

9. Birthplace **Kansas City Mo.**

10. Usual occupation **Assembly Line**

11. Industry or business **Standard Steel Works**

12. Name **Frank S. Bucher**

13. Birthplace **Westport Mo.**

14. Maiden name **Beulah Deviers**

15. Birthplace **Lenexa Kansas**

16. (a) Informant **Mrs. Arvilla Bucher**

(b) Address **4727 McGee**

17. (a) **Burial** (b) Date thereof **Oct 5-42**

(c) Place: burial or cremation **Forest Hill**

18. (a) Signature of funeral director **M. Wagner**

(b) Address **Kansas City, Mo.**

19. (a) **10-5-42** (b) **M. M. Brown**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct.** day **2nd**
year **1942** hour **9:** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Crown**, 19...
that I last saw h... alive on... 19...
and that death occurred on the date and hour stated above.

Immediate cause of death: **Bullet wound of the chest. Left hemorrhage.**

Due to... **166**
Due to...
Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations...
Of autopsy **see above**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Homicide**
(b) Date of occurrence **10/2/42**
(c) Where did injury occur? **R. C. Mo. Jackson Co.**
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Alley behind 1429 1/2 E-18th
While at work? **Yes** Means of injury **by firearm**
23. Signature **[Signature]** (M. D. or other)
Address **R. C. Mo.** Date signed **10/2/42**

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 _____

Roy C. Snow

Licensed Embalmer No. _____

2560

P. O. Address _____

1507 M.

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.