

S. No. 2  
M-5-42  
5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED DEC 7 1942

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36127

State File No. ....

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4379

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:  
Lake Side Hospt. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 1/2 Months  
(Specify whether  
In this community 20 Yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48  
(a) State Mo. (b) County Jackson 3  
(c) City or town Kansas City 8  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2806 Paseo  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Wm. Melvin Buddle  
3. (b) If veteran, name war World War  
3. (c) Social Security No. 487-03-5559

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov day 24  
year 1942 hour 6 minute 50 P.M.  
21. I hereby certify that I attended the deceased from Sept. 22  
1942 to Nov. 24 1942

4. Sex Male 5. Color or Race Wh. 6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife Marguerite Buddle 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Sept. 12 1880  
(Month) (Day) (Year)

that I last saw him alive on Nov 24 1942  
and that death occurred on the date and hour stated above.  
Immediate cause of death.

8. AGE: Years 62 Months 2 Days 12 If less than one day hr. min.

Rt Temporal lobe  
Brain abscess 3 mo  
Due to Extension of splenic  
sinus infection

9. Birthplace Sherman Co. N.Y. 1  
(City, town, or county) (State or foreign country)  
10. Usual occupation Engineer

Other conditions 104B  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations  
Of autopsy Brain abscess

11. Industry or business  
MOTHER FATHER { 12. Name Unknown  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown 9  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant N. B. Johnstone  
(b) Address 5848 Rockhill Rd.  
17. (a) Burial (b) Date thereof Nov. 27-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Floral Hills

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

18. (a) Signature of funeral director Eylar Funeral Home  
(b) Address 1800 Linwood K.C. Mo.  
19. (a) 11-27-42 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

23. Signature A. B. Sprites (M. D. or other)  
Address 512 Bryant Bldg Date signed 11-27-42

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

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**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..... *Chas Wilks* .....  
Licensed Embalmer No. *2644* .....  
P. O. Address *1800 Junwood* .....

**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.**