

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 11 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4876

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. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hours
(Specify whether
In this community 50 years
years, months or days)

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. 4206 Paseo
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME JOSEPH H BUCKLEY
3. (b) If veteran, name war. no.
3. (c) Social Security No. 486-10-6-98

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day 27th year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 2 to 15, 1944, to 12-27, 1942
that I last saw him alive on 12-27, 1942
and that death occurred on the date and hour stated above.

4. Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 13, 1884
(Month) (Day) (Year)

Immediate cause of death cerebral hemorrhage
Due to phrenic hypertension
arterio sclerosis

8. AGE: Years Months Days If less than one day
58 0 14 hr. min.
9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

Other conditions 32
(Include pregnancy within 3 months of death)

10. Usual occupation Coal Dealer
11. Industry or business Consumer's Fuel Company
12. Name John Buckley
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Bridget Mahoney
15. Birthplace New York
(City, town, or county) (State or foreign country)

Major findings:
Of operations
Of autopsy yes

16. (a) Informant Miss E. West Buckley
(b) Address 4206 Paseo
17. (a) Burial (b) Date thereof 12/30/1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

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

18. (a) Signature of funeral director Dwight E. Robin Co
(b) Address 20 West Linwood
19. (a) 12-29-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

23. Signature J. S. Banker (M.D. or other)
Address City 12-29-42 Date signed

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

JAN 19 1943

JAN 21 1943

MAR 29 1943

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 Charles M Zwick

Licensed Embalmer No. 3774

P. O. Address H. P. Ma

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.