

FILED FEB 28 1944

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. _____

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:
K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 3 days
(Specify whether
In this community 12 Years
years, months or days)

3. (a) PRINT FULL NAME Ross Alpha Bucklew

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widow

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

7. Birth date of deceased June 5th. 1885
(Month) (Day) (Year)

8. AGE: Years 58 Months 5 Days 27 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Wilson

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

14. Maiden name Battie Spitzer

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

16. (a) Informant Mr. J.A. Wilson

(b) Address 3905 St. John

17. (a) Burial (b) Date thereof 1-4-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetary

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address Kansas City, Missouri

19. (a) Jan 3 1944 (b) J.E. Brown
(Date received by 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. 3011 E. 10 St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1
year 1944 hour 11 minute 35 A. M.

21. I hereby certify that I attended the deceased from November 28 1943 to January 1 1944
that I last saw her alive on January 1 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Sub-phrenic Abscess
Duration _____

Due to 129

Due to _____

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

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) _____

(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) (c) Means of injury _____

23. Signature A.E. Ascher (M. D. or other) _____

Address Med. Dir. Gen'l Hosp. Date signed 1-3-44

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 *Theron A. Redmon*

Licensed Embalmer No. *2737*

P. O. Address *F.C. 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.