S. No. 2
DM—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9699

FILED APR 6 1949

Registration District No. 779

Primary Registration District No. 1002

Registrar's No. 1241

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: Neece Conv. Home, 2641 Forest 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 years 10 mo. (Specify whether
In this community About 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2641 Forest 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME JAMES BUCKLEW

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Ma

5. Color or race Wh 0

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Caroline Bucklew

6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased January (Month) 13 (Day) 1857 (Year)

8. AGE: Years 87 | Months 2 | Days 5 | If less than one day ___ hr. ___ min.

9. Birthplace Dallas (City, town, or county) Ohio (State or foreign country) 1

10. Usual occupation Retired Salesman

11. Industry or business

FATHER
12. Name Samuel Bucklew
13. Birthplace No Record (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name No Record
15. Birthplace " " (City, town, or county) (State or foreign country) 9

16. (a) Informant Floss Bucklew

(b) Address 400 E. Armour

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-20-44 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director J. W. Wagner

(b) Address Kansas City, Mo.

19. (a) 3-20-44 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 18, year 1944 hour 8:00 minute A. M.

21. I hereby certify that I attended the deceased from About 1942, 19__, to March 18, 1944 that I last saw him alive on March 16, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	2 yrs +
Due to Old age	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy no	

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

23. Signature J. Hamsworth (M. D. or other)

Address 730 Prot Bldg K.C. Mo Date signed 3/18/44

(Licensed Embalmer's Statement on Reverse Side)

204 W. Linwood
Wagner Funeral Home

J. J. Farnsworth M.D.
Prof Bg. Vi 3434

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, 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.