

FILED JUN 11 1945

Registration District No. 59

Primary Registration District No. 4098

16573

State File No. _____

Registrar's No. 74

1. PLACE OF DEATH:

(a) County CASS
(b) City or town BELTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) _____
(d) Length of stay: In hospital or institution. _____ (Specify whether _____)
In this community 18 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CASS 19
(c) City or town BELTON 0
(If outside city or town limits, write "RURAL") _____
(d) Street No. _____ (If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME JANE WEEKS BUCKLEY

3. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife ANDREW H. BUCKLEY 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased AUGUST 17 1872
(Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business _____
12. Name EUGENE ADELBERT WEEKS
13. Birthplace UNK.
(City, town, or county) (State or foreign country)
14. Maiden name MARGARET BUCKLEY
15. Birthplace ENGLAND
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. M. J. STUCK
(b) Address BELTON, MO

17. (a) REMOVAL (b) Date thereof May 21, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LEAVENWORTH, KANSAS

18. (a) Signature of funeral director E. H. George

(b) Address Belton, Mo.

19. (a) May 23, 1945 (b) Margaret Valle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1945 hour 10 minute 55 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I was _____ alive or _____ and that he or she died on the date and hour stated above.

Immediate cause of death _____

Struck by train while walking across railroad tracks

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

Major findings: Of operations _____
Of autopsy None

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) Accident

(b) Date of occurrence May 19, 1945

(c) Where did injury occur? Belton, Cass Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on Railroad Crossing

While at work? no (Specify type of place) _____

(e) Means of injury Train

23. Signature H. J. W. Johnson (M.D. or D.V.M.)

Address Harrisonville, Mo Date signed 5/19/45

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

1900

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.....

A. K. Group
Licensed Embalmer No. 3645

P. O. Address.....
Sioux Falls, S.D.

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.