DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 9 1946

State File No. 40024

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5255

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. Mary's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 48 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. 1800 Kensington, 8
(If rural, give location)

(e) Citizen of foreign country? no. 0 (Yes or No)

If yes, name country x

3. (a) PRINT FULL NAME ~~Charles Clement~~ Clement Charles Buck

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Kate L. Buck

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased September (Month) 5 (Day) ~~1878~~ 1867 (Year)

8. AGE: Years 78 67 Months 3 Days 16 If less than one day hr. min.

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

10. Usual occupation Retired Express Messinger

11. Industry or business Mo. Pac.

FATHER
12. Name Giles Buck
13. Birthplace unknown, 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name M. Whelon
15. Birthplace unknown, 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. C. Carver,
(b) Address 1802 Kensington, Kansas City, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-24-45 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 12-21-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 21 year 1945 hour 2:00 minute A. M.

21. I hereby certify that I attended the deceased from Pathologist, 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Abscess Right Kidney

Due to (Non Tuberculous)

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1336

Of autopsy See Above

Duration

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 A. E. Asher (M. D. or other) MD

Address 2800 Main Date Signed 12/21/45

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 1413

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.