

STANDARD CERTIFICATE OF DEATH

1946
1220
State File No.
Registrar's No. 298

FILED JAN 31 1946

Registration District No. 149

Primary Registration District No. 1002

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:
4117 Forest Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 16 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4117 Forest Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs Josephine buckley

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 Patrick B. Buckley 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased May 3, 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 8 15 hr. min.

9. Birthplace Indiana
(City, town, or county) (State or foreign country)
At Home

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name James B. Ashbrock
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Payne
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Agnes Hopkins

(b) Address 4117 Forest Ave.

17. (a) Burial (b) Date thereof Jan 21, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Thos. H. Turk

(b) Address 4316 Troost Ave.

19. (a) 1-19-46 (b) Therese Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18th
year 1946 hour 3.20 A.M. minute..... M.

21. I hereby certify that I attended the deceased from Jan 11th 1946 to Jan 18th 1946
that I last saw her alive on Jan 18th 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Heart failure Duration 1 day

Due to Hyphostiki pneumoniae lobar 10 day

Due to.....

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

Major findings: 108
Of operations.....
Of autopsy.....

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?.....

While at work? (Specify type of place) (e) Means of injury.....

23. Signature Francis Jones (M. D. or other) MD

Address 923 Central Ave Date signed 1-19-46

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

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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 James E. Link

Licensed Embalmer No. 3775

P. O. Address R.O. W.

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.