

S. No. 2
M-5-43
5-17-39
I X36671

FILED FEB 11 1946

Registration District No. **14** 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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 days**
(Specify whether years, months or days) **46 yrs**

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. **1411 Wabash**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Evan Buford**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **unknown**
4. Sex **M** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **unknown**
6. (c) Age of husband or wife if alive years
7. Birth date of deceased **unknown**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan.** day **28**
year **1946** hour **6** minute **45** A.M.
21. I hereby certify that I attended the deceased from **Jan. 25** 19**46** to **Jan. 28** 19**46**
that I last saw him alive on **Jan. 28** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Nephrosclerosis**
Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: **131 W**
Of operations
Of autopsy **See above**
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
approx 60
9. Birthplace **Waverly Mo**
(City, town or county) (State or foreign country)
10. Usual occupation **fry cook**
11. Industry or business
12. Name **Carroll Buford**
13. Birthplace **Kentucky**
(City, town or county) (State or foreign country)
14. Maiden name **Shelby**
15. Birthplace **unknown**
(City, town or county) (State or foreign country)

MOTHER FATHER
16. (a) Informant **Shelby Buford**
sa condaca bloom
(b) Address
17. (a) **burial** (b) Date thereof **2-1-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Greenlawn Cem.**
18. (a) Signature of funeral director **H. Eggerman**
(b) Address **K.C. Mo.**
19. (a) **1-31-46** (b) **Sheldine Holmes**
(Date received local registrar) (Registrar's signature)

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 **Clark W. Seely**
Address **Med. Dir. Gen'l Hosp.** Date signed **1-28-46**

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

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Dr. Ellis

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.....

Francis Walton

Registered Apprentice No. *2744*

working under my personal supervision.

Signed *J. H. Dorman*

Licensed Embalmer No. *2744*

P. O. Address *K.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.