

S. No. 2
OM-543
v. 5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9304**
1211
Registrar's No.

FILED MAR 27 1946

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson County
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wheatley Provident Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one day
In this community Kansas City, Mo. 20 yrs (Specify whether years, months or days)

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. 2404 Flora Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ARTHUR ROLAND BUCKNER

3. (b) If veteran, name war no
3. (c) Social Security No. 509-10-9286

4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Henrietta Buckner
6. (c) Age of husband or wife if alive 24 years (Month) (Day) (Year)

7. Birth date of deceased 2-24-1892
(Month) (Day) (Year)

8. AGE: Years 54 Months 0 Days 15 If less than one day hr. min.

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

10. Usual occupation Porter work

11. Industry or business

12. Name Robert Buckner

13. Birthplace Miama Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Edith Johnson

15. Birthplace Marshall Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lula B. Lewis

(b) Address 2216 Tracy

17. (a) Burial (b) Date thereof 3-13-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetary

18. (a) Signature of funeral director Brady Brown

(b) Address 1708 Tracy

19. (a) 3-12-46 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch. day 9th year 1946 hour 2 minute 150 A.M.

21. I hereby certify that I attended the deceased from March 8 1946 to 3-9 1946

that I last saw him alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Tapeworm

acute Intestinal Obstruction

Due to carcinoma of

Due to Rectum sigmoid colon

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy Partial

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) Means of injury

23. Signature W. Tillman (M. D. or other) M.D.

Address 1618 Sydney Date signed 3/13/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

82-30

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.....

P. O. Address.....

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.