

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:  
GENERAL HOSPITAL NO. 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 79 DAYS  
(Specify whether years, months or days)

In this community 21 YEARS

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. JACKSON COUNTY HOME FOR AGED  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** FRAZIER BUCKNER

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex MALE 5. Color or race NEGRO

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased MARCH 4, 1893  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>53</u>	<u>8</u>	<u>3</u>	hr. _____ min. _____

9. Birthplace ST. JOSEPH MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation JANITOR

11. Industry or business \_\_\_\_\_

12. Name JOHN BUCKNER

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

14. Maiden name WELLA KELLY

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

16. (a) Informant LORRAINE LEWIS (COUSIN)

(b) Address 1312 WOODLAND

17. (a) Burial (b) Date thereof 11/11/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cem

18. (a) Signature of funeral director Charles B. Sterling

(b) Address 1212 E. Olive St. K.C. Mo

19. (a) 11-12-46 (b) Geraldine Holm  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month NOVEMBER day 7, year 1946 hour 7: minute 25 A.M.

21. I hereby certify that I attended the deceased from AUGUST 18, 1946 to NOVEMBER 7, 1946

that I last saw him alive on NOVEMBER 7, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death UREMIA Duration \_\_\_\_\_

Due to HYPERTENSIVE HEART DISEASE

ARTERIONEPHROSCLEROSIS

Due to GENERALIZED ARTERIOSCLEROSIS

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 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 0

23. Signature Frank [unclear] (M. D. or other) M.D.

Address GENERAL HOSPITAL NO. 2 Date signed 11/8/46

WRITE PLAINLY—USE UNFADING 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 E. Sterling Bills

Licensed Embalmer No. 3178

P. O. Address 1212 Vine K.C.M.

**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.**