

No. 2
-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13379
Registrar's No. 1864

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution Lal Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
In this community Life
(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. 7425 Montgall
(If rural, give location) No
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHARLES LEE BUCHER
(b) If veteran, name war No
(c) Social Security No. 491-12-4299

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 4 day 23
year 1947 hour 4:35 minute 8 M.
21. I hereby certify that I attended the deceased from _____ 19_____ to _____ 19_____
that I last saw h. _____ alive on _____ 19_____
and that death occurred on the date and hour stated above.

4. Sex Ma 5. Color or race Wh
6. (a) Single, widowed, married, divorced Sgl
6. (b) Name of husband or wife XX
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased July 21 1920
(Month) (Day) (Year)

Immediate cause of death Bilateral Pneumonia
Due to _____
Due to _____
Other conditions 107
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
26 9 2 hr. min.

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

10. Usual occupation Oilier
11. Industry or business Frisco R.R.

12. Name Luther Lee Bucher
13. Birthplace Kansas City Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Martha Disselhoff
15. Birthplace Kansas City Mo.
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy as above
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Luther Lee Bucher
(b) Address 7425 Montgall
17. (a) Burial (b) Date thereof 4-26-47
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Forest Hill
18. (a) Signature of funeral director J. W. Magner
(b) Address Kansas City, Mo.
19. (a) 4-25-47 (b) St. Geraldine Holman
(Date received local registrar) (Registrar's signature)

23. Signature J. W. Magner (M. D. or other) 3
Address 1424 Poplar Hill Date signed 4-24-47

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

OCT 8 1952

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, 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.