

FILED NOV 8 1947
Registration District No. **194749**

Primary Registration District No. **1002**

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

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 **2712 E LINWOOD BLVD**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **23 YEARS**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON 49**

(c) City or town **KANSAS CITY 3**
(If outside city or town limits, write "RURAL")

(d) Street No. **2912 E LINWOOD BLVD 8**
(If rural, give location)

(e) Citizen of foreign country? **No 0** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **INEZ A. BUZZARD**

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 **SINGLE 0**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **MARCH 2-1897**
(Month) (Day) (Year)

8. AGE: Years **50** Months **27** Days **29**
If less than one day hr. _____ min. _____

9. Birthplace **COLLINGS, MISSOURI 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **CLERK**

11. Industry or business **JACKSON CO WOLF AND BOARD**

12. Name **EMERY E BUZZARD**

13. Birthplace **GREENFIELD OHIO 1**
(City, town, or county) (State or foreign country)

14. Maiden name **ORA ELEAN BURCHETT**

15. Birthplace **MISSOURI 0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Eugene Southwick**

(b) Address **2912 Linwood Blvd**

17. (a) **Removal** (b) Date thereof **11-1-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **COLLINGS, MISSOURI**

18. (a) Signature of funeral director **O. H. Newcomer**

(b) Address **1401 BRUSH CREEK BLVD**

19. (a) **11-1-47** (b) **Gertrudine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **OCTOBER** Day **31ST**
Year **1947** hour **1** minute **25A** M.

21. I hereby certify that I attended the deceased from **July 5**
_____, 19**47** to **Oct 31**, 19**47**
that I last saw him alive on **Oct 30**, 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cholangioma**
Due to _____

Other conditions **4 1/2**
(Include pregnancy within 3 months of death)

Major findings: **Cholangioma**
Of operations _____
Of autopsy _____

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? **0**
While at work _____ (Specify type of place)
(e) Means of injury _____

Signature **B. J. Stahl** (M. D. or other) **11/10**
Address **1027 Wright Ave** Date signed **10/31/47**

Duration **4 months**

PHYSICIAN _____

Underline the cause of which death should be charged statistically.

copy 15009

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 *Jess T. News*
Licensed Embalmer No. *445-3*

P. O. Address *Thomas City*

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.