

No. 2
12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41595**
5324
Registrar's No. _____

FILED JAN 2 1948
Registration District No. **7819**

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: Parson's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 days
(Specify whether years, months or days) 18 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jayette 54
(c) City or town Waverly
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Grover Cleveland Buck

3. (b) If veteran, name war No. 3. (c) Social Security No. none

4. Sex Male 5. Color or race White
6. (b) Name of husband or wife Nattie Nowlin Buck
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Nov. 14 1887
(Month) (Day) (Year)

8. AGE: Years 60 Months 1 Days 5
If less than one day hr. _____ min. _____

9. Birthplace Waverly Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name Napoleon Buck

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

14. Maiden name Margaret Willow Pritchard

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

16. (a) Informant Mrs. Mattie Buck

(b) Address Waverly, Mo

17. (a) Removal (b) Date thereof Dec 19, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waverly, Mo

18. (a) Signature of funeral director Marshall Sumner
(b) Address Coverletta Mo

19. (a) 12-19-47 (b) Heraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19
year 1947 hour 8 minute 31 a.m.

21. I hereby certify that I attended the deceased from Dec 1, 1947, to Dec 19, 1947.
that I last saw him alive on Dec 18, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Gall bladder and biliary ducts metastasizing to liver
Duration 6 wks

Due to _____

Due to _____

Other conditions Cholelithiasis
(Include pregnancy within 3 months of death)

Major findings: Carcinoma gall bladder & biliary ducts & obstruction
Of operations _____
Of autopsy 46 f

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)
(c) Means of injury _____

23. Signature Walter Cummings (M. D. or other) MD

Address 1612 Prof Bldg Date signed 12/19/47

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

MOTHER FATHER

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.....

A. M. Marlowe

Licensed Embalmer No. *2525*

P. O. Address *Carrollton,*

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.