. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 1 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4749

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 709

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or ~~institution~~: Menorah Hospital O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 2 WEEKS (Specify whether In this community 2 WEEKS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County 999

(c) City or town Cotter 3 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

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

If yes, name country --

3. (a) PRINT FULL NAME Mrs Maggie Bufkin BUFKIN

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 WIDOWED

6. (b) Name of husband or wife MR. C. F. BUFKIN

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

7. Birth date of deceased MAY (Month) 12 (Day) 1880 (Year)

8. AGE: Years 67 Months 9 Days 5 If less than one day ___ hr. ___ min.

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

10. Usual occupation AT HOME

11. Industry or business --

FATHER
12. Name JOHN H. BERKENBILE
13. Birthplace MORGAN COUNTY (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name KATHRYN HUNT
15. Birthplace DES MOINES (City, town, or county) IOWA (State or foreign country)

16. (a) Informant MRS. EARL V. VORNER

(b) Address 111 WEST ARMOUR BLVD.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof FEB-17-1948 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ HENNESSEY OKLAHOMA

18. (a) Signature of funeral director D. H. Newcomer's Son

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 2-17-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17 year 48 hour 12 minute 50 A.M.

21. I hereby certify that I attended the deceased from 2-3-1948, 19__, to 2-17, 1948, that I last saw her alive on 2-16-, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of esophagus	6 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 46a	

Major findings:
Of operations
Of autopsy Carcinoma of esophagus

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature E L Petry (M. D. ~~or other~~)

Address 300 Argyle Bldg Date signed 2-17-48

(Licensed Embalmer's Statement on Reverse Side)

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: Bernard L. Foran

Licensed Embalmer No. 4250

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.