. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 7 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 113923

Registrar's No. 4663

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5mos 3das
In this community 13years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 917 N. 13th St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Bufford
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex male
5. Color or race negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 11, 1879 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	5	5	hr. min.

9. Birthplace Mississippi (City, town, or county) (State or foreign country)
10. Usual occupation Nil
11. Industry or business

FATHER
12. Name Alfred Bufford
13. Birthplace Mississippi (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louisa Crenshaw
15. Birthplace Mississippi (City, town, or county) (State or foreign country)

16. (a) Informant Thelma Singler
(b) Address 5400 Arsenal St
17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof APR 30 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Anatomical Board
18. (a) Signature of funeral director Farland Mortuary Service
(b) Address 4104 Manchester
19. (a) APR 30 1948 (Date received by registrar) (b) J. F. Bridges (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th year 1948 hour 3:20 minute A. M.

21. I hereby certify that I attended the deceased from Oct. 13, 1947 to March 16 1948 that I last saw him alive on March 16 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Vascular Accident	3/9/48
Generalized Arteriosclerosis	1947x.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause of 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

23. Signature U. K. Bond M.D. (M. D. or other)
Address 5400 Arsenal St Date signed 3/16/48

Jefferson City Printing Co.

(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.....

Licensed Embalmer No.....

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.