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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 11 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36415

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4794

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:
6408 McGee Street 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 65 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 6408 McGee Street 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Delia BUCKNER

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

4. Sex female 1
5. Color or race white
6. (a) Single, widowed, married, divorced widowed 2
6. (b) Name of husband or wife Wm. G. Buckner
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 15, (Day) 1871 (Year)

8. AGE: Years 77 Months 3 Days 8 If less than one day hr. min.

9. Birthplace Co. Mayo, (City, town, or county) Ireland 4 (State or foreign country)
10. Usual occupation At home
11. Industry or business

FATHER
12. Name Thomas Hindren
13. Birthplace ---- (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Anna Hister
15. Birthplace ---- (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Mrs. Mary A. Crooks
(b) Address 4601 Harrison St., K.C., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address Kansas City, Missouri
19. (a) 11-24-48 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23
year 1948 hour minute M.

21. I hereby certify that I attended the deceased from April, 1944, to 11-23-, 1948
that I last saw her alive on 11-20, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Sudden
Due to
Due to
Other conditions arterio Sclerotic
(Include pregnancy within 3 months of death)
heart disease Hypertension
Major findings:
Of operations n
Of autopsy n 9.3 d

Duration

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? 0
H. H. Owens (Specify type of place)
While at work? (e) Means of injury

23. Signature H. H. Owens (M. D. or other) M.D.
Address 1024 Ricalto Bldg Date signed 11-24-48

(Licensed Embalmer's Statement on Reverse Side)

Dr. H. H. Ow
Realty Bl
apt. 7 ed

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. 29 ee

P. O. Address..... KC

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.