

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24372**  
Registrar's No. **3094**

FILED AUG 4 1952 BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Dr. C. T. B. Hooper</b>		d. STREET ADDRESS (If rural, give location) <b>532 BALES</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b> b. (Middle) <b>Howell</b> c. (Last) <b>BUFFINGTON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 5 1952</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never</b>	8. DATE OF BIRTH <b>Aug 15 1902</b>	9. AGE (In years last birthday) <b>49</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Railroad Hands</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>R-S Spalding</b>		11. BIRTHPLACE (State or foreign country) <b>Louisiana</b>	
12a. FATHER'S NAME <b>Isaac Buffington</b>		12b. MOTHER'S MAIDEN NAME <b>Lorenda Bland</b>		14. NAME OF HUSBAND OR WIFE <b>Ethel Buffington</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>499-01-4339</b>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Cecil Buffington 532 Bales</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>002X</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>PULMONARY TUBERCULOSIS</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **JUNE 10**, 1952, to **JULY 5**, 1952, that I last saw the deceased alive on **JULY 5**, 1952, and that death occurred at **8:40 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Edward P. Altomare MD</b>	23b. ADDRESS <b>1030 E. Pacific</b>	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7-9-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Washington</b>
24d. LOCATION (City, town, or county) (State) <b>K.C., Mo.</b>		

DATE REC'D BY LOCAL REG. <b>7-8-52</b>	REGISTRAR'S SIGNATURE <b>Heraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>C.H. Blackman &amp; Son Inc. Kansas City Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

James H. Buffington 49 532 Bales passed  
 away July 5  
 survived by wife - Ethel St Louis. Mo.  
 Parents Mr. & Mrs. J. Buffington 532 Bales -  
 3 Bro. Cecil Buffington St Louis - Edgar - St Louis  
 Chaney - 532 Bales.  
 2 sisters Mrs. Ella Randels - 2400 W 136th San Leandro  
 Mrs. Arline Cather - San Leandro Calif  
 Service Wed 10 A M Chapel Interment ~~was~~  
 minister - ~~Dr. Charles P. McLowen~~ <sup>off.</sup>  
~~Dr. Chaney~~ (Wright) (we get him) - not City best  
 music - (organ only)  
 Pallbearers - Ch. B + help at Cemetery.

neighbor -  
 walked in  
 hands empty

STATEMENT BY LICENSED EMBALMER

Fisher - Colassell

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Student Embalmer No.....

Signed Bert B. Bennett

Signed.....  
 Student Embalmer

Licensed Embalmer No. 4656

P. O. Address Kansas 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.