

REC'D AUG 7

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24835
not use this space.
3048

1. PLACE OF DEATH

(a) County Jackson 3 Registration District No. 399

(b) Township Kaw 1 Primary Registration District No. 100

(c) City Lansing (d) Street No. 30th Wyoming Registered No. Central Bag Co.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Clifford Buchanan

(a) Residence, No. 2815 Bell St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Buchanan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-15-1905

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>33</u>	<u>8</u>	<u>9</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labourer

9. Industry or business in which work was done, as saw mill, bank, etc. Labourer

10. Date deceased last worked at this occupation (month and year) no

11. Total time (years) spent in this occupation. no

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City

13. NAME Erb. Buchanan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Sola Morris
2815 Bell St

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 7-31 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H.C. Embalming & Casket Co.
440 State Ave. N.E.

20. FILED Jay 29 39 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-24-39 1939

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1939, to July 24, 1939.

I last saw him/her on July 20, 1939. Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:
Septic arthritis
Coronary Obstruction
Acute Pulmonary Embolism

Other contributory causes of importance: no

Name of operation no Date of no

What test confirmed diagnosis no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no, 1939

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

(Signed) W. S. Gissell
(Address) no

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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.....

AB Moore

Registered Apprentice No. *2440*

working under my personal supervision.

Signed *AB Moore*

Licensed Embalmer No. *2410*

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, above space should be left blank.