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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 16 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6890

Registration District No. 398

Primary Registration District No. 5554

Registrar's No. 65

I. PLACE OF DEATH:

(a) County Jackson, Volume 7
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
628 So. Huttig 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 628 So. Huttig
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

In this community _____ years, months or days

3. (a) PRINT FULL NAME Cecil Buchanan

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 24 1906
(Month) (Day) (Year)

8. AGE: Years 33 Months 8 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Baker Point Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Steel mill worker

11. Industry or business Sheffield Mills

12. Name Ralph Buchanan

13. Birthplace Cole County Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Alice M. Daniel

15. Birthplace Cole County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Katie Benson
(b) Address Kansas City Mo

17. (a) Removal (b) Date thereof 2/26/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Adrian Mo

18. (a) Signature of funeral director George E. Carson
(b) Address Independence Mo

19. (a) Feb 26 1940 (b) F. L. Cobb
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb - day 24
year 1940 hour 2 minute 43 P M.

21. I hereby certify that I attended the deceased from 2/16/40
to 2/23 1940 to _____ 19____;
that I last saw him alive on 2/23/40 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
malignant thymoma Duration 6 months

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations malignant tumor
of thymus
Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Fred White (M. D. or other) MD
Address Farmington Mo Date signed 2/23/40

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

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.....

Felix Benz

Licensed Embalmer No.....

H 127

P. O. Address.....

Independence, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his QWN 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6890**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **998**

Primary Registration District No. **2324**

Registrar's No. **65-**

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

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Blue Jay**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____ years, months or days)

3. (a) PRINT FULL NAME **Reecl Buchanan**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **m** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **s**

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years **33** Months **8** Days **0** If less than one day _____ min.

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

10. Usual occupation **Steel mill worker**

11. Industry or business **Scheffid mills**

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant **Mr. Hattie Henson**

(b) Address **Kansas City Mo**

17. (a) _____ (b) Date thereof _____ (Month) _____ (Day) _____ (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) **Feb 26 1940** (b) **F. L. Cook** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **24** year **1940** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;

that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 **Fred W. Hinkle** (M. D. or other) _____

Address **Fairmont Mo** Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

S-6890