

MAILED MAY 26 1941

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

14201

Do not use this space.

1. PLACE OF DEATH

(a) County Carter Registration District No. 143  
(b) Township Carter Primary Registration District No. 5205 Registered No. \_\_\_\_\_  
(c) City Rural or \_\_\_\_\_ (d) Street No. 1  
(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 George Samuel Buchanan

(a) Residence, No. Carter Co. Mo. St. Mo. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosa Buchanan  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 12, 1858  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
83 1 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer  
10. Date deceased last worked at this occupation (month and year) 1940 11. Total time (years) spent in this occupation. All life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carter Co. Mo.

13. NAME Samuel Buchanan

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

15. MAIDEN NAME Polly Brame

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

17. INFORMANT Henry Buchanan (ADDRESS) Van Buren, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Brame Cem. DATE 4-28-41

19. FUNERAL DIRECTOR (NAME) Floyd Keeney (ADDRESS) Van Buren, Mo.

20. FILED Apr. 28, 1941

J. W. Cotton  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 27, 1941

22. I HEREBY CERTIFY, That I attended deceased from Mar. 9th, 1941 to Apr. 27, 1941

I last saw him alive on Apr. 25th, 1941 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

General debility incident to advanced age-

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) J. W. Cotton M. D.  
(Address) Van Buren, Mo.

RECEIVED

District Health Officer No. 5,

District File Number. 54116576

Date Filed \_\_\_\_\_

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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.....

....., 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, above space should be left blank.**