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13-40
7-39
X23159

FILED SEP 11 1941
Registration District No. 836

Primary Registration District No. 6100

Registrar's No. 42

1. PLACE OF DEATH:

(a) County: Stoddard

(b) City or town: Elk (Rural) Twp
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Stoddard ¹⁰³

(c) City or town: Parma Mo R. 10
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME: Georgia May Buchanan

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1941 hour 35 minute 0 A. M.

4. Sex: F 3. Color or race: Col. 6. (a) Single, widowed, married, divorced: SO

6. (b) Name of husband or wife: 3 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: May 7 1941
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19____ to see body alive 19____; that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months 2 Days 8 If less than one day _____ hr. _____ min.

Immediate cause of death: from history - led to death at

9. Birthplace: Parma Mo (City, town, or county) Mo (State or foreign country)

10. Usual occupation: mil

Due to _____

Due to _____ 1190

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name: George Buchanan

13. Birthplace: Little Rock Ark (City, town, or county) (State or foreign country)

14. Maiden name: McKeller

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

16. (a) Informant: George Buchanan

(b) Address: Parma Mo R. 1

17. (a) Burial (b) Date thereof: July 15-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Brookwater Cem

18. (a) Signature of funeral director: _____

(b) Address: Laurel Stopp

19. (a) 8/12/41 (b) _____ (Date received local registrar) (Registrar's signature)

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: Gertrude (M. D. or other) _____

Address: Parma Mo Date signed: 7/17/41

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 941-1258

Date Filed 9/9/41

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, fact should be so stated above.