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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28127

Registration District No. Filed SEP 8 1942

Primary Registration District No. 200

Registrar's No. 1775

1. PLACE OF DEATH:
(a) County: ST. LOUIS
(b) City or town: KOCH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ROBERT KOCH HOSP
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 84 days (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: —
(c) City or town: ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No.: 3113 BELL
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: JOHN BUCHANAN
3. (b) If veteran, name war: NO
3. (c) Social Security No. 488-01-9918
4. Sex: MALE
5. Color or race: NEGRO
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: LAURA LAURA ANDERSON
6. (c) Age of husband or wife if alive: 31 years
7. Birth date of deceased: 7 (Month) — 27 (Day) — 1899 (Year)

8. AGE: Years 43 | Months 0 | Days 23 | If less than one day ____ hr. ____ min.

9. Birthplace: CLARKSDALE (City, town, or county) MISS. (State or foreign country)
10. Usual occupation: LABORER
11. Industry or business:
MOTHER FATHER
12. Name: ELIJAH BUCHANAN
13. Birthplace: CLARKSDALE (City, town, or county) MISS (State or foreign country)
14. Maiden name: ELZIRA TAYLOR
15. Birthplace: CLARKSDALE (City, town, or county) MISS (State or foreign country)
16. (a) Informant: [illegible]
(b) Address:
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 28-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington Park
18. (a) Signature of funeral director: J. H. Riddle & Son
(b) Address: 3133 Bell ave
19. (a) AUG 24 1942 (Date received local registrar) (b) C. M. Gordon M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 20 year 1942 hour 4 minute 35 A.M.
21. I hereby certify that I attended the deceased from 5-26, 1942 to 8-20, 1942 that I last saw him alive on 8-19, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	1 yr (?)
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
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? (Specify type of place)
While at work?
(e) Means of injury:
23. Signature: Edward S. Kuendig (M. D. or other)
Address: Rock Hosp. Hal, Mo Date signed 8/20/42

(Licensed Embalmer's Statement on Reverse Side)

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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. S. J. Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Thornton

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.