

FILED NOV 10 1942

Registration District No. 3

Primary Registration District No. 4087

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Carter
(b) City or town Van Buren Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)
In this community Life

3. (a) PRINT FULL NAME Charles Rock 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 MARRIED
6. (b) Name of husband or wife Nora Buchanan 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased JAN 21 1870 (Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 22 If less than one day hr. min.

9. Birthplace Carter Co. Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name SAMUEL BUCHANAN

13. Birthplace NO. CAROLINA (City, town, or county) (State or foreign country)

14. Maiden name MARY E SMITH (City, town, or county) (State or foreign country)

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

16. (a) Informant Luther Hoskins

(b) Address VAN BUREN MO.

17. (a) Burial (b) Date thereof 10-14-42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grime Cemetery

18. (a) Signature of funeral director Leuchter, General Service

(b) Address 1000 S. 1st St. Mo.

19. (a) Oct 13 1942 (b) my A. J. Smith (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carter
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13th day October
year 1942 hour 12:45 minute a. M.

21. I hereby certify that I attended the deceased from 6-24-41 to 10-19 1942
that I last saw him alive on 10-12 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon Duration

Due to

Due to

Other conditions H62 (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 2

23. Signature Frank J. Rucinski (M. D. or other) D.O.

Address Van Buren, MO Date signed 10-15-42

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

1018

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 5,

District File Number

Date Filed

RECEIVED
District Health Officer No. 5,
District File Number
Date Filed

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 10-13-42

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Philip A. Leichel

Licensed Embalmer No.

2936

P. O. Address

Van Buren Mo.

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.