No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 5 1942 8

Registration District No. 310

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

37066

State File No.

Primary Registration District No. 200D

Registrar's No. 805

39
2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Burge Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Hrs. ~~29 Min~~ (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County GREENE

(c) City or town SPRINGFIELD
(If outside city or town limits, write "RURAL")

(d) Street No. 1312 PYTHIAN
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

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3. (a) PRINT FULL NAME LOUISE BUCHANAN

3. (b) If veteran, name war NO

3. (c) Social Security No. None

4. Sex FEMALE

5. Color or race W

6. (a) Single, widowed, married, divorced Inf

6. (b) Name of husband or wife Infant

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased 11 (Month) 9 (Day) 42 (Year)

8. AGE: Years ✓ 0 | Months 0 | Days 0 | If less than one day 2 hr. 29 min.

9. Birthplace SPRINGFIELD (City, town, or county) Mo. O (State or foreign country)

10. Usual occupation — Infant

11. Industry or business — Infant

FATHER
12. Name ELSTON WARD BUCHANAN
13. Birthplace MARSHFIELD (City, town, or county) Mo. O (State or foreign country)

MOTHER
14. Maiden name VERA BEATRICE CHRISTIAN
15. Birthplace SPRINGFIELD (City, town, or county) Mo. O (State or foreign country)

16. (a) Informant MR. ELSTON BUCHANAN

(b) Address 1312 PYTHIAN

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-9 42 (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director J W Klingner & Co

(b) Address Springfield, Mo.

19. (a) 11-9-42 (Date received local registrar) (b) D M E Handley (Registrar's signature)

784

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 9 year 42 hour 3 minute 04 A.M.

21. I hereby certify that I attended the deceased from 11-9, 1942 to 11-9, 1942 that I last saw her alive on 11-9-42, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Pre Mature

Due to 6 1/2 Months

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 159

Of autopsy

Duration

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 C Burton Myers (M. D. or other)

Address Springfield Mo. Date signed 11-9-42

(Licensed Embalmer's Statement on Reverse Side)

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 Roy A. Mann

Licensed Embalmer No. 1763

P. O. Address Springfield 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.