WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED MAR 17 1943

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

10123

Do not use this space.

1. PLACE OF DEATH

(a) County Douglas — Registration District No. 101 — 39

(b) Township Kinney — Primary Registration District No. 5404 — 0 — Registered No. ~~[illegible]~~ 11

(c) City or — (d) Street No. 1 — 0 — St.

(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 GARY Paul BUCHANAN

(a) Residence, No. ..... St. ☐ 0

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE — YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or 15 min.

OCCUPATION

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.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 0

FATHER

13. NAME Paul WESLEY BUCHANAN

14. BIRTHPLACE (~~CITY OR~~ TOWN) (STATE ~~OR COUNTRY~~) Mobesley Mo 0

MOTHER

15. MAIDEN NAME Eva Mae May

16. BIRTHPLACE (CITY OR TOWN) (STATE ~~OR COUNTRY~~) ~~Wright~~ Mo 0

17. INFORMANT (ADDRESS) Paul Buchanan Ava Mo #2

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Gentry DATE Feb 23, 1943

19. FUNERAL DIRECTOR (NAME) (ADDRESS) X

20. FILED 3-1, 1943 Thelma S. Waters, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23, 1943

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1943, to Feb 23, 1942

I last saw him alive on Feb 23, 1943. Death is said to have occurred on the date stated above, at 2:25 A.m.

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

Premature 6½ Mo

Date of onset

Other contributory causes of importance: 159

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

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) Dr. C. E. Harlan Jr., M. D.

(Address) Ava Mo.

(Licensed Embalmer's Statement on Reverse Side)

1 X16605

RECEIVED
District Health Officer No. 6,
District File Number 343-415
Date Filed MAR 16 1943

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.