

FILED JUN 15 1943

Registration District No. **361**

Primary Registration District No. **6227**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Jermon**

(b) City or town **Nevada Rural - Scenic Sup.**
(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 (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jermon**

(c) City or town **Nevada Rural**
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **John James Buchanan**

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

4. Sex **M** 5. Color or race **A** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Martha Jane Buchanan** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **July 12 1884**
(Month) (Day) (Year)

8. AGE: Years **88** Months **9** Days **11** If less than one day _____ hr. _____ min.

9. Birthplace **New York**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Own farm**

12. Name **Unknown**

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

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

16. (a) Informant **Ray J. Buchanan**

(b) Address **Nevada, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Apr. 27 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **Newton Burial Park**

18. (a) Signature of funeral director **Ferny Funeral Home**

(b) Address **Nevada, Missouri**

19. (a) **5-3-1943** (Date received local registrar) (b) **Martha Charles** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **23** year **1943** hour **1** minute **-** P. M.

21. I hereby certify that I attended the deceased from **June 19 1943** to **7/20 1943** that I last saw him alive on _____ and that death occurred on the date and hour stated above

Immediate cause of death **Myo Carditis with sudden death**

Due to _____
Due to _____

Other conditions **Arterio Sclerosis**
(Include pregnancy within 3 months of death)

Major findings: Of operations **93.2**
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 _____

23. Signature **J. M. Hayes** (M. D. or other) _____
Address **Nevada Mo 571** Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 71

District File Number 5-43-471

Date Filed 6-7-43

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 [Signature].....

Licensed Embalmer No. 1760.....

P. O. Address Nevada NW.....

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.