S. No. 2
M—5-42
y. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29147

Registration District No. 297 | Primary Registration District No. 3057 | Registrar's No. 53

1. PLACE OF DEATH:

(a) County: Ray

(b) City or town: Richmond Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: None
In this community: All His Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Ray

(c) City or town: Richmond Mo.
(If outside city or town limits, write "RURAL")

(d) Street No.: 469 S. Shaw Street
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: U.S.A.

3. (a) PRINT FULL NAME: George Watkins Buchanan

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Lneore Buckhanan Alive

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

7. Birth date of deceased: Jan. 7 th. 1874. (Month) (Day) (Year)

8. AGE: Years 69 | Months 7 | Days 18 | If less than one day: hr. min.

9. Birthplace: Ray Co. Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: Dr. Geo. W. Buchanan

FATHER
12. Name: Verginia
13. Birthplace: Henrietta Watkins (City, town, or county) Missouri. (State or foreign country)

MOTHER
14. Maiden name: Mrs. G. W. Buchanan
15. Birthplace: (City, town, or county) (State or foreign country)

16. (a) Informant:
(b) Address: Richmond Mo. 8-27-43.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation: Watkins Cemetary

18. (a) Signature of funeral director: J. B. Brothers
(b) Address: Richmond Mo.

19. (a) Aug 27 43 (Date received local registrar) (b) Mrs Chas W Shipp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 25 th. day Aug. year 1943. hour 1 pm. minute M.

21. I hereby certify that I attended the deceased from 8-23-43, 19..., to 8-25-43, 19...; that I last saw him alive on 8-25-43, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Intestinal Obstruction	2 days
Due to: Left Inguinal Hernia	?
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: Thos J Cook (M. D. or Coroner)
Address: Richmond, Mo. Date signed: 8-26-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
Memo. File number
Date Filed 9-13-43

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 J.B.Brothers, Registered Apprentice No. ....., working under my personal supervision.

Brothers Funeral Home.

Signed J.B. Brothers,

Licensed Embalmer No. 2001.

P. O. Address Richmond 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.