

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

10626  
Do not use this space.

18  
0  
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FILED APR 4 1944  
PLACE OF DEATH

(a) County Carter Registration District No. 5216 58  
 (b) Township Pike Primary Registration District No. 5216  
 (c) City Keosauqua (Rural) Street No. 1 St. 11  
 (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 Jessie Buchanan  
 (a) Residence, No. Carter Co. St.  (If nonresident, give city or town and State) 0  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Buchanan  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 29 1860  
 7. AGE YEARS 83 MONTHS 7 DAYS 12 If LESS than 1 day, hrs. or min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer  
 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) 1939 11. Total time (years) spent in this occupation all life  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carter Co. Mo.  
 FATHER 13. NAME Samuel Buchanan  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown  
 MOTHER 15. MAIDEN NAME Polly Smith  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.  
 17. INFORMANT (ADDRESS) Hassie Price van Buren Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Brainin Cemetery Mar 13 1944  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Seaton Perwith van Buren Mo.  
 20. FILED Mar 12 1944 Mrs. A. J. Smith Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 11 1944  
 22. I HEREBY CERTIFY, That I attended deceased from March 8 1944 to March 11 1944  
 I last saw him alive on March 8 1944 Death is said to have occurred on the date stated above, at 11:15 p.m.  
 The principal cause of death and related causes of importance were as follows:  
coronary pectoris  
atherosclerosis  
 Date of onset 948  
 Other contributory causes of importance:  
 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 Frank J. Pucinski, D.O.  
 (Signed) J. van Buren, Mo.  
 (Address)

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.

1098

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED -

Health Officer No. 5,

File Number 444-25-5-

Date filed 7-12-44

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 me

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

Signed Seaton Perwitt

Licensed Embalmer No. 2287

P. O. Address Van Buren

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.