

FILED MAY 11 1944

State File No. _____

Registration District No. 2-57-223

Primary Registration District No. 3046 4337

Registrar's No. 170

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town Latham
(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 _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Charles Anderson Buchanan

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Flora A. Buchanan 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased July 22 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>8</u>	<u>4</u>	hr. _____ min.

9. Birthplace Moniteau, Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Buchanan
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Hall
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Flora A. Buchanan
(b) Address Latham, Missouri

17. (a) Burial (b) Date thereof 2-28-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dooley Cemetery

18. (a) Signature of funeral director Phillips Funeral Home

(b) Address Eldon, Missouri

19. (a) 5-4-44 (b) R. J. Allen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town Latham
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1944 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from Dec 1, 1943
_____ 19____, to March 26, 1944
that I last saw him alive on March 25, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 4 days
Due to Generalized arteriosclerosis 20 years

Due to _____
Other conditions f 301
(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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Kenneth Latham (M. D. or other) _____
Address California, mo Date signed 4-5-44

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 5-10-44

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 _____

_____ Louis D. Phillips _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. 3663

P. O. Address Eldon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.