

FILED JUL 12 1944
4087

Registration District No. **4087**

Primary Registration District No. **4087**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Carter**
(b) City or town **Van Buren**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Private home**
(If not in hospital or institution, write street number or location) **1**
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community **40 years** (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME **Rose Olive Buchanan**

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

4. Sex **F** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**

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

7. Birth date of deceased **Apr 1898**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	1	29	hr. _____ min. _____

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

10. Usual occupation **House wife**

11. Industry or business _____

12. Name **Spvie**

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

14. Maiden name **Sarajane Williams**

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

16. (a) Informant **Mary Dusenbery**

(b) Address **Ellington, Mo**

17. (a) **Burial** (b) Date thereof **6-9-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Buchanan**

18. (a) Signature of funeral director **Seaton Hewitt**

(b) Address **Van Buren, Mo.**

19. (a) **June 8 1944** (b) **Mr. A. J. Smith**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Carter**
(c) City or town **Van Buren**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **8**
year **1944** hour **8** minute **15** A.M.

21. I hereby certify that I attended the deceased from **3-12**, 19**44** to **6-8**, 19**44**
that I last saw her alive on **May 30**, 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Cardiac failure & Pleural effusion**

Due to **Pulmonary tuberculosis**

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

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 **Frank Pinski** (M. D. or other) **Dr**
Address **Van Buren** Date signed **6-9-44**

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 Peivitt

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, fact should be so stated above.