

FILED SEP 6 1944

Registration District No. 144

Primary Registration District No. 5562

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Iron  
(b) City or town Armadia - Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: The Home for aged Baptists 5  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 yrs. 11 mos. 9 days  
(Specify whether years, months or days)  
In this community 2 years 11 months 4 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 77  
(c) City or town Armadia - Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1 1/2 mile East of Armadia  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Sarah Eliza Buzan

3. (b) If veteran, name war ✓ 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife William P. Buzan 6. (c) Age of husband or wife at death 61 years  
7. Birth date of deceased October 6, 1868  
(Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 19 If less than one day hr. min.

9. Birthplace Hartona Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business Her home

12. Name John Thilton

13. Birthplace Hartona Mo. 0  
(City, town, or county) (State or foreign country)

14. Maiden name Ann Drake

15. Birthplace Hartona Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. Burrey

(b) Address Horton, Mo.

17. (a) Rural (b) Date thereof 4-28-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hartona, Mo.

18. (a) Signature of funeral director W. P. Kudruec

(b) Address Veisalla, Mo.

19. (a) Aug 29, 1944 (b) Mrs. Francis C. Howard  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25th year 1944 hour 5:00 minute P. M.

21. I hereby certify that I attended the deceased from 8/16 to 8/25 and that I last saw or alive on 8/25 and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac failure

Due to chronic myocarditis

Due to Palsy

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations 93d

Of autopsy 93d

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 P. E. Howard (M. D. or other)

Address Horton, Mo. Date signed 8/28/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 4

District File Number 944-1072

Date Filed 9-5-44

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.....

working under my personal supervision.

*Louis D. Phillips*

Registered Apprentice No. ....

Signed

*Louis D. Phillips*

Licensed Embalmer No. 3663

P. O. Address Bellevue

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.