

FILED DEC 14 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38616

State File No. _____

Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 74

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 1
All Her Life None (Specify whether) 1
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray 29
(c) City or town Richmond, Mo. 1
(If outside city or town limits, write "RURAL")
(d) Street No. 469 South Shaw Street 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country U.S.A. 1

3. (a) PRINT FULL NAME Lenore Buchanan

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Husband Deceased 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 28 th. 1882.
(Month) (Day) (Year)

8. AGE: Years 62 Months 3 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Ray Co. Mo. (City, town, or county) (State or foreign country) 1

10. Usual occupation House Keeper

11. Industry or business

12. Name Willis W. B. Hockensmith
13. Birthplace Missouri. (City, town, or county) (State or foreign country) 0
14. Maiden name Matilda Pettas
15. Birthplace Mo. (City, town, or county) (State or foreign country) 1

16. (a) Informant George W. Buchanan
(b) Address Richmond, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-15-44.
(Month) (Day) (Year)

(c) Place: burial or cremation Watkins Cemetery
18. (a) Signature of funeral director J. B. Brothers,
(b) Address Richmond, Mo.

19. (a) Nov 16 1944 (Date received local registrar) (b) Mrs. Russell Sheppard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13th.
year 1944. hour 9 minute a M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration _____

Due to _____
Due to _____ 946

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 11-13-1944
(c) Where did injury occur? Richmond Ray Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home

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

23. Signature Dr. J. F. Baber 3 (M.D. or other) 3
Address Richmond, Mo Date signed 11-15-44

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

1280

RECEIVED

District Health Officer No: 8,
District File Number _____

Date Filed 12-13-44

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 _____

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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.