

FILED AUG 18 1945

Registration District No. 225

Primary Registration District No. 4480

1. PLACE OF DEATH:

(a) County **Schuyler**
(b) City or town **Greentop**
(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 _____ (Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME **Goodworth Buchanan**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **June 27, 1861**
(Month) (Day) (Year)

8. AGE: **84** Years **0** Months **21** Days If less than one day hr. min.

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

10. Usual occupation **Farming**

11. Industry or business **same**

12. Name **Arthur Buchanan**
13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)
14. Maiden name **Catherine Brookhart**
15. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **C. E. Buchanan**
(b) Address **Greentop, Mo.**

17. (a) **Burial** (b) Date thereof **July 20, 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fugate Cemetery**

18. (a) Signature of funeral director **Wm. H. Jones**

(b) Address **Greentop, Mo.**

19. (a) **July 19, 1945** (b) **W. H. Jones**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Schuyler**
(c) City or town **near Greentop**
(If outside city or town limits, write "RURAL")
(d) Street No. **Rural Salt River**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **18**
year **1945** hour **9** minute **2** A.M.

21. I hereby certify that I attended the deceased from **4-24** 19**45** to **7-16** 19**45**
that I last saw him alive on **7-16** 19**45**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of Liver**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **None**

Major findings: Of operations _____

Of autopsy _____

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? _____

(Specify type of place) While at work? _____ (e) Means of injury **2**

23. Signature **C. H. War** (M.D. or other)

Address **Greentop, Mo.** Date signed **7-18-45**

RECEIVED
District Health Officer No. 10
District File Number 8-45-1263
Date Filed AUG 16 1945

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

Signed

Wm M West

Licensed Embalmer No.

2882

P. O. Address

Quincy 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.