S. No. 2
M—2-43
. 5-17-39
I X35097

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 4 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38369

Registration District No. 314 Primary Registration District No. 4459 Registrar's No.

1. PLACE OF DEATH:

(a) County St Clair

(b) City or town Osceola
(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 years, months or days)

In this community 45 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Clair

(c) City or town Osceola
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME NETTIE J. BUCHANAN

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife John W. Buchanan

6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased Oct (Month) 7 (Day) 1867 (Year)

8. AGE: Years 77 Months 10 Days 2 If less than one day hr. min.

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

10. Usual occupation Housekeeping

11. Industry or business

MOTHER FATHER

12. Name Theodore Blum

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

14. Maiden name Not Known

15. Birthplace Not Known (City, town, or county) (State or foreign country)

16. (a) Informant P. E. Buchanan

(b) Address Osceola Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-12-45 (Month) (Day) (Year)

(c) Place: burial or cremation Osceola Mo

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

(b) Address Osceola Mo

19. (a) 9-1-45 (Date received local registrar) (b) Ruth Sellers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9 year 1945 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from 7-28, 1945, to 8-9, 1945; that I last saw h. alive on 8-9, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial Pneumonia	10 d.
Due to	
Due to	
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

(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

23. Signature T. H. Douglas, Jr. (M. D. or other) M.D.

Address Osceola, Mo. Date signed 8-11-45

15 c (Licensed Embalmer's Statement on Reverse Side)

JAN 25 1946

11-45 - 1140

Date 12-3-45

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 W B [illegible]

Licensed Embalmer No. 3038

P. O. Address Osceola 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.