

S. No. 300
M-10-47
Rev. 5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 4 1949

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40841
Registrar's No. 58

Registration District No. 227

Primary Registration District No. 5805

1. PLACE OF DEATH:

(a) County ~~XXXX~~ Monroe.
(b) City or town Rural (Jefferson Township)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Perry, Missouri R.F.D.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXXXXX
(Specify whether
In this community 20 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe.
(c) City or town Rural (Perry, Missouri R.F.D.)
(If outside city or town limits, write "RURAL")
(d) Street No. Jefferson Township.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME C.P. Buchanan.

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 9th.
year 1948 hour 10:45 minute P. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ada Buchanan 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Feb. 8, 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1, 1948, to Dec 9, 1948.
that I last saw him alive on Dec 8, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
arteriosclerosis
Duration 7 years

8. AGE: Years 68 Months 10 Days 1
If less than one day hr. min.

Due to _____
Due to _____

9. Birthplace Florida, Missouri!
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations 97

10. Usual occupation Farmer.
11. Industry or business Farm.

PHYSICIAN
Underline the cause to which death should be charged statistically.

12. Name James Buchanan.
13. Birthplace Unknown Virginia!
(City, town, or county) (State or foreign country)
14. Maiden name Samantha Hickman.
15. Birthplace Monroe Co., Missouri!
(City, town, or county) (State or foreign country)

16. (a) Informant Leo Buchanan
(b) Address Perry, Missouri.

17. (a) Burial (b) Date thereof 12-11-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Southfork Cemetery.

18. (a) Signature of funeral director Clyde Wilkey
(b) Address Perry, Missouri.

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? ()

19. (a) 12-27-48 (b) Albert Bates MD
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature John Brown (M. D. or _____)
Address Perry, Mo. Date signed 1/7/49

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 1-49-6

Date Filed JAN 3 - 1949

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

Clyde Wilbey

Licensed Embalmer No.

3820

P. O. Address

Perry, 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.