

FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1437

Registrar's No. 397

Registration District No. 222

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: General Hospital #2
(d) Length of stay: In hospital or institution 1-3-41-1-13-41
In this community 1 1/2 years

3. (a) PRINT FULL NAME James Buchanan
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Unknown

8. AGE: Years About 1 1/2 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Mo. O

10. Usual occupation none

11. Industry or business _____
12. Name Lloyd Buchanan
13. Birthplace Unknown
14. Maiden name Mary Hill
15. Birthplace Unknown

16. (a) Informant's own signature Record Clerk
(b) Address Gen. Hosp. #2

17. (a) Burial (b) Date thereof 1-28-41
(c) Place: burial or cremation Buried

18. (a) Signature of funeral director Wm. J. Brown
(b) Address 1212 S. Main Street

19. (a) Jan 29 1941 (b) M. M. Brown

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(d) Street No. 560 Harrison St.
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 1 day 13
year 41 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from 1-3- 19 41 to 1-13- 19 41
that I last saw him alive on 1-13- 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

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? _____
(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 W. J. Brown (M. D. or other) _____
Address Gen. Hosp. #2 Date signed 1-16-41

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FORM 1 (1938)

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.