

S. No. 2
M-9-4-41
v. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7433
Registrars' No. 16

FILED MAR 11 1942
Registration District No. 651

Primary Registration District No. 4388

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

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Caruthersville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Residence - 300 3rd, St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 25 Years
years, months or days

3. (a) PRINT FULL NAME Sarah Angeline Buchanan
3. (b) If veteran, name war X
3. (c) Social Security No. X

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (c) Age of husband or wife if alive X years
7. Birth date of deceased October 16, 1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 25
If less than one day hr. _____ min.

9. Birthplace Nashville, Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation House-wife

11. Industry or business X

MOTHER FATHER

12. Name Martin Terry
13. Birthplace Nashville, Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Eva M. Jones
(b) Address Caruthersville, Mo.

17. (a) Burial (b) Date thereof 2/12/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Cemetery
18. (a) Signature of funeral director [Signature]
(b) Address Caruthersville, Mo.

19. (a) 2-13-1942 (b) Jessie N. Markey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pemiscot
(c) City or town 300 3rd, St. Caruthersville, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 300 3rd, St.
(If rural, give location)
(e) Citizen of foreign country? X (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 11th,
year 1942 hour 12 minute 20 P.M.
21. I hereby certify that I attended the deceased from
Feb. 1 - 1942, to Feb. 11 - 1942
that I last saw her alive on Feb. 11 - 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration 11 days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations [Signature]

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?
While at work? _____ (Specify type of place) (e) Means of injury 75

23. Signature J. R. [Signature] (M. D. or other) 0
Address Caruthersville, Mo. Date signed 2-11-42

3-42-13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{Not} embalmed by me, or by.....

Body Was Not Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

James A. Osburn

Licensed Embalmer No. 4185

P. O. Address. Caruthersville, 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.