

7. S. No. 2  
FORM-5-42  
Rev. 5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11056**

FILED APR 9 1943 274

Registration District No. **274**

Primary Registration District No. **3052**

Registrar's No. **76**

1. PLACE OF DEATH:

(a) County **PETTIS**  
(b) City or town **SEDALIA**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**1109 So. KENTUCKY**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether  
In this community **13 yrs** (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **PETTIS**  
(c) City or town **SEDALIA**  
(If outside city or town limits, write "RURAL.")  
(d) Street No. **1109 So. KENTUCKY**  
(If rural, give location)  
(e) Citizen of foreign country? **C** (Yes or No)  
If yes, name country **I**

3. (a) PRINT FULL NAME **ROSIE BUCHANAN**

3. (b) If veteran, name war. 3. (c) Social Security No. **493-12-0917**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W**

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

7. Birth date of deceased. **4 2 1871**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**71 11 7** hr. min.

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

10. Usual occupation. **Housewife**

11. Industry or business.

12. Name. **Evel Moore**

13. Birthplace. **Howard Co. Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name. **Laura Herndon**

15. Birthplace. **Howard Co. Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant. **Mrs Nease**

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

17. (a) **Burial** (b) Date thereof. **3-11-1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. **Crown Hill**

18. (a) Signature of funeral director. **Lucy Pie**

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

19. (a) **3/10/43** (b) **Mrs Anna Berge**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **9**  
year. **1943** hour. **7:45** minute **A** M.

21. I hereby certify that I attended the deceased from **1944** to **Mar 9 1943**  
that I last saw h. **u** alive on **Mar 1 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death. **Carcinoma of Rectum** 2 yrs

Due to

Due to

Other conditions. **Hypertension** 5 yrs  
(Include pregnancy within 6 months of death)

Major findings: **none** 46 d  
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?

While at work? (Specify type of place) (M. D. or other)

23. Signature. **A. L. Walter** (M. D. or other)

Address. **Sedalia, Mo** Date signed **3-9-43**

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

MOTHER FATHER

Duration  
2 yrs  
5 yrs  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

B

1022

RECEIVED

District Health Officer No. 8,

District File Number .....

Date Filed 4-8-43 .....

---

---

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.....

*L. E. Boulalin*

Licensed Embalmer No. 3867 .....

P. O. Address.....

*Seacliff*

**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.