

FILED NOV 19 1943 / 49

Registration District No. _____

Primary Registration District No. **1002**

Registrar's No. **4626**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City, Mo.**
(c) Name of hospital or institution: **Trinity Lutheran Hosp.**
(d) Length of stay: In hospital or institution **8 days**
In this community **8 da.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **2203 E. Front**
(e) Citizen of foreign country? (Yes or No) **0**

3. (a) PRINT FULL NAME **Sherz Lee Buchan**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **F** 5. Color or race **W** 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 **Oct. 23 - 43**
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days **8** If less than one day _____ hr. _____ min.

9. Birthplace **Kennett Hosp. - C. Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **infant**

11. Industry or business _____
12. Name **Robert Buchan**
13. Birthplace **Traverse City, Mich.** (City, town, or county) (State or foreign country)
14. Maiden name **Dorlene H. K. Rold**
15. Birthplace **Cornellton, Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Ray W. Herrold**
(b) Address **2203 E. Front**

17. (a) **Removal** (b) Date thereof **11-2-43**
(c) Place: burial or cremation **Burial**

18. (a) Signature of funeral director **John W. Knipschield**
(b) Address **Harden, Mo.**

19. (a) **11-1-43** (b) **P. E. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **31** year **43** hour **11** minute **18** P.M.

21. I hereby certify that I attended the deceased from **October 23** 19 **43** to **Oct 31** 19 **43** that I last saw her alive on **10-31** 19 **43** and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary edema** 3 days
Due to **Cardiac insufficiency** 8 days
Due to **Premature birth (6 1/2 mos)**

Other conditions (Include pregnancy within 3 months of death) **159**

Major findings: Of operations _____
Of autopsy **Pulmonary Edema**

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? **Harden, Mo.**
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **J. P. Pees** (M. D. **certified**)
Address **Trinity Hospital** Date signed **11-1-43**

Duration
3 days
8 days
6 1/2 mos
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed John W. Knipschild
Licensed Embalmer No. 2789
P. O. Address Hardin 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.