. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 8 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6668

Registration District No. 42 — Primary Registration District No. 5144 — Registrar's No. 46

1. PLACE OF DEATH:
(a) County Butler Co.
(b) City or town Rombauer, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 St Francis Tu
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Butler 12
(c) City or town Rombauer
(If outside city or town limits, write "RURAL")
(d) Street No. —
(If rural, give location)
(e) Citizen of foreign country? ..... (~~Yes or~~ No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Lucy Ann Buchanan
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Oct. (Month) 18 (Day) 1855 (Year)

8. AGE: Years 88 | Months 3 | Days 17 | If less than one day ..... hr. ..... min.

9. Birthplace Calloway Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business .....
FATHER
12. Name John Ham
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace — (City, town, or county) — 9 (State or foreign country)
16. (a) Informant Henry Buchanan
(b) Address Rombauer Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-44 (Month) (Day) (Year)
(c) Place: burial or cremation Ham Town
18. (a) Signature of funeral director Watkins Funeral Home
(b) Address Dexter, Mo.
19. (a) 3-10-44 (Date received local registrar) (b) Belle Rinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 4
year 1944 hour 4:20 minute P. M.
21. I hereby certify that I attended the deceased from Jan 25, 1944 to Feb. 4, 1944
that I last saw her alive on Jan 25, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Fracture, left hip	11 days
Due to: Probably developed Hypostatic Pneumonia	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

1860
18

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) accident
(b) Date of occurrence 1/25/44 D12
(c) Where did injury occur? Home (City or town) Rombauer (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Fell on floor - Home (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature J. Lee Harwell (M. D. or other)
Address Poplar Bluff Mo Date signed 2/4/44

92 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 344-361
Date Filed 3-3-44

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, fact should be so stated above.

S. No. 2B
M—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

MAR 9

State File No.

Registration District No. 43 Primary Registration District No. 5144 Registrar's No. 46

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Rombauer St Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community Since 1894 (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Lucy Ann Buchanan
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct (Month) 18 (Day) (Year)
8. AGE: Years 88 Months 3 Days If less than one day hr. min.
9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 3-11-44 (Date received local registrar) (b) Belle Flinn (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb Day 24 year 1944 hour minute M.
21. I hereby certify that I attended the deceased from , 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.
Immediate cause of death

Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

Fill

00008