

FILED JUN 6 1944

Registration District No. _____

Primary Registration District No. 4348

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

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Waldesville Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(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

3. (a) PRINT FULL NAME Albert Clarence Buchanan

3. (b) If veteran, name war no 3. (c) Social Security No. 486-14-4068

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

6. (b) Name of husband or wife Edna May Jan 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 1 1893
(Month) (Day) (Year)

8. AGE: Years 51 Months 2 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Wade Mo (City, town, or county) (State or foreign country)

10. Usual occupation Dealer in live stock

11. Industry or business Same

12. Name Thomas Buchanan

13. Birthplace don't know Mo (City, town, or county) (State or foreign country)

14. Maiden name Edna Buchanan

15. Birthplace don't know Mo (City, town, or county) (State or foreign country)

16. (a) Informant Miss Edna Buchanan

(b) Address Waldesville Mo

17. (a) Burial (b) Date thereof April 1 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waldesville Mo

18. (a) Signature of funeral director W. S. Water
(b) Address Waldesville Mo

19. (a) May 4 1944 (b) Wm Virginia Warton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Waldesville Mo
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 29 year 1944 hour 2 minute 55 P.M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Car struck and instantly killed by
Due to Wabash train #47 in
Waldesville Mo.
Due to (at Mill Crossing)

Other conditions Car + train collision
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 1700-8
23

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 070
(b) Date of occurrence 3/29/44
(c) Where did injury occur Waldesville Montgomery Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
R.R. Crossing (Specify type of place)
While at work? _____ (e) Means of injury Auto

23. Signature T.O. Ham (M. D. or other) _____
Address Waldesville Mo Date signed _____

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-5-44

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 W. S. Waters

Licensed Embalmer No. 4298

P. O. Address Vandalia, Ill

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.