

FILED JUL 9 1944

Registration District No. _____

Primary Registration District No. 5716

State File No. _____

Registrar's No. 8

1. PLACE OF DEATH:
 (a) County McDonnell
 (b) City or town North R1 Elk River, 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 20 years years, months or days

3. (a) PRINT FULL NAME Rose O Buchanan
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) 2 Single, widowed, married, divorced, unmarried
 6. (b) Name of husband or wife Wm A Buchanan 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 26 - 1877
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 11 28 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name Jessie Bolton

13. Birthplace unknown (City, town, or county) (State or foreign country)

14. Maiden name Delphia Hooker

15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Jessie Buchanan
 (b) Address North Mo. R1

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 3 - 44
 (Month) (Day) (Year)

(c) Place: burial or cremation See Rev. C. R. Bryant
 18. (c) Signature of funeral director Ernest Bryant
 (b) Address Travette Ark
 19. (a) July 6 - 1944 (Date received local registrar) (b) Mrs. M. George (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County McDonnell
 (c) City or town North Mo. Rural (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 June day 24 year 6 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from June 23 to June 24, 1944, that I last saw her alive on June 24, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 36 hrs

Due to concussion
 Due to fall

Other conditions fall
 (Include pregnancy within 3 months of death)

Major findings: 18
 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) accident
 (b) Date of occurrence June 23
 (c) Where did injury occur? North McDonnell Mo (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm
 While at work? no (Specify type of place) (e) Means of injury fall
 23. Signature H. P. Fountain, D.O. (Physician's name)
 Address North Mo Date signed June 24

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

5000

MOTHER FATHER

1319

RECEIVED
District Health Officer No. 6,
District File Number 744-793
Date Filed JUL 13 1944

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 E. R. Pyeatt

Licensed Embalmer No. 3211

P. O. Address Gravette Ark

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.