DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 28 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

40023

State File No.

Registration District No. 177 Primary Registration District No. 1002 Registrar's No. 5144

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KANSAS CITY (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: KCTB HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 MOS - 24 days (Specify whether years, months or days)

In this community 47 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY (If outside city or town limits, write "RURAL") 5

(d) Street No. 1410 LYDIA (If rural, give location) 8 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME BUCHANNAN, HERMAN

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex M 2

5. Color or race NEGRO

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Elizabeth Buckner

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased MAY (Month) 11 (Day) 1898 (Year)

8. AGE: Years 47 Months 7 Days 0 If less than one day hr. min.

9. Birthplace KANSAS CITY (City, town, or county) MO (State or foreign country)

10. Usual occupation LABORER

11. Industry or business

FATHER 12. Name BUCHANNAN FRANCIS

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

MOTHER 14. Maiden name UNKNOWN Maggie

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

16. (a) Informant KCTB HOSPITAL

(b) Address Lees, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/15/45 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director [illegible]

(b) Address 1729 Lydia

19. (a) 12-14-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 11 year 1945 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1-19 19 to 12-11 1945 that I last saw him alive on 12-11 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis — Duration 1½ yrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 13 B

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 [illegible] (M. D. or other)

Address Kansas City Mo. Date signed 12-11-45

(Licensed Embalmer's Statement on Reverse Side)

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 Lawrence A. Jones, Registered Apprentice No. 378 working under my personal supervision.

Signed Jerome Marlowe

Licensed Embalmer No. 3994

P. O. Address 2053 Highland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.