

FILED MAR 18 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1129

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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days
(Specify whether years, months or days)
In this community 15 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3404 Baltimore
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

ISABELLE Mary Buchanan

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced, WIDOWED

6. (b) Name of husband or wife MR. JAMES EVAN BUCHANAN
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased JULY 8 1861
(Month) (Day) (Year)

8. AGE: Years 84 Months 7 Days 28
If less than one day hr. _____ min. _____

9. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

MOTHER FATHER

11. Industry or business _____
12. Name JOSEPH WARREN

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

14. Maiden name LOUISA SMITH

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

16. (a) Informant MRS. HOWARD D. RIPLEY
(b) Address OMAHA, NEBRASKA

17. (a) CREMATION (b) Date thereof MAR-7-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D.W. NEWCOMERS SONS

18. (a) Signature of funeral director D.W. Newcomer Sons
(b) Address 1401 BRUSH CREEK BLYD.

19. (a) 3-7-46 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6
year 1946 hour 5 minute 40 A.M.

21. I hereby certify that I attended the deceased from Feb. 19 1946 to March 6 1946
that I last saw her alive on March 6 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Senility-Malnutrition-Arthritis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy None

Duration

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? _____

While at work? (Specify type of place) _____ (e) Means of injury _____

23. Signature Clark W. Seely M.D. Date signed 3-8-46
Address Med. Dir. Gen'l Hosp. Date signed _____

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

8228

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 Melvin Miller

Licensed Embalmer No. 4407

P. O. Address Kansas City, 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.