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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 16 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30178

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3810

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~~:
ST. LUKE'S HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2-DAYS (Specify whether years, months or days)

In this community 2-DAYS

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. 5720 WABASH AVENUE
(If rural, give location)

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

If yes: name country ----

48
3
8
0

3. (a) PRINT FULL NAME FREDERICK LELAND BUCHANAN

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife ----

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

7. Birth date of deceased SEPTEMBER 3 1946 (Month) (Day) (Year)

8. AGE: Years | Months | Days 2 | If less than one day ____ hr. ____ min.

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

10. Usual occupation INFANT

11. Industry or business ----

FATHER
12. Name CHARLES BUCHANAN JR.
13. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name BEVERLY JEAN THOMSON
15. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant MR CHARLES BUCHANAN JR.

(b) Address 5720 WABASH AVENUE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT 6 1946 (Month) (Day)

(c) Place: burial or ~~cremation~~ HIGHLAND CEMETERY IOLA KANSAS

18. (a) Signature of funeral director W. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 9-6-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER day 5TH year 1946 hour 12 minute 15 A. M.

21. I hereby certify that I attended the deceased from 9-3 1946 to 9-5 1946 that I last saw him alive on 9-4 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity congenital atelectasis — Duration since birth

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 159.

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 0

23. Signature Robert C. Freeden M.D. (M. D. or other)

Address 315 Alameda Rd. KC, Mo. Date signed 9/5/46

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed. Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address. K C 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.