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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40488

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 5427

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: 5720 WABASH AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution - - - - (Specify whether years, months or days)
In this community: 35 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.: 5720 WABASH AVENUE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country - - - -

3. (a) PRINT FULL NAME: CHARLES HENRY 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: MARRIED
6. (b) Name of husband or wife: JENNIE L. BUCHANAN
6. (c) Age of husband or wife if alive: 57 years
7. Birth date of deceased: NOV. (Month) 23 (Day) 1883 (Year)

8. AGE: Years 63 | Months 1 | Days 2 | If less than one day ___ hr. ___ min.

9. Birthplace: BOURBON CO (City, town, or county) KANSAS (State or foreign country)
10. Usual occupation: RAILWAY EXPRESS MESSENGER
11. Industry or business: RAIL EXPRESS CO

MOTHER FATHER
12. Name: John Buchanan
13. Birthplace: unknown (City, town, or county) (State or foreign country)
14. Maiden name: Cynthia Zink
15. Birthplace: unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Loretta Buchanan
(b) Address: 5720 Wabash
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-27-46 (Month) (Day) (Year)
(c) Place: burial or cremation: TULA KANSAS
18. (a) Signature of funeral director: O. W. Newcomer's Sons
(b) Address: 1401 BRUSH CREEK BLVD.
19. (a) 12-27-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 25th year 1946 hour 10 minute 55 P. M.
21. I hereby certify that I attended the deceased from 7-2-43, 19__, to 12-25, 1946, that I last saw him alive on 12-23, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral thrombosis	10 days
Due to: Cerebral arteriosclerosis	2 yrs
Due to: Hypertension - Generalized arteriosclerosis	3 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: G.S.W.
Of autopsy: none

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)
While at work? (Specify type of place) (e) Means of injury: 10
23. Signature: Leo A. O'Brien (M. D. or other) M.D.
Address: 1602 Argyle K.C. Mo. Date signed: 12-27-46

(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 Bernard L Horan

Licensed Embalmer No. 4250

P. O. Address NC Mo

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

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