

FILED SEP 15 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28584

Registration District No. 322

Primary Registration District No. 6117

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Missouri Scott

(b) City or town Bertrand RT 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 2 miles N. of Bertrand Rural Township
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 hrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Scott

(c) City or town BERTRAND RT 1
(If outside city or town limits, write "RURAL")

(d) Street No. 2 miles east of Bertrand
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Baby Boy BUCHANAN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MP 5. Color or race W 6. (a) Single, widowed, married, divorced SI

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased SEPT, 4, 1948
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
6 hr. min.

9. Birthplace SCOTT Co., MO
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business

MOTHER FATHER

12. Name HAROLD BUCHANAN

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

14. Maiden name HELEN HARDEN

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

16. (a) Informant HAROLD BUCHANAN

(b) Address BERTRAND RT 1

17. (a) BURIAL (b) Date thereof 9/14/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation W. O. W. Cemetery

18. (a) Signature (funeral director) Marie Shelby

(b) Address East Prairie Mo

19. (a) 9-13-48 (b) mo
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT, day 4
year 1948 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 4 48, 1948, to Sept 4 48, 1948, that I last saw him alive on Sept 4, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary haemorrhage

Due to Premature birth

Due to 6 mos.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 151

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) (Specify means of injury) 2, DO

23. Signature T. P. Feltus (M. D. or other)

Address Wya 25 Mo Date signed 9-4-48

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

RECEIVED

District Health Office No. 2

District File Number 948-1170

Date Filed 9-14-48

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.....

not embalmed

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

working under my personal supervision.

Signed.....

Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.