. No. 2
-11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 17 1948

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30635

Registration District No. 279 Primary Registration District No. 44-1-5-5956 Registrar's No. 27

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

1. PLACE OF DEATH:

(a) County Pike

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike 82 0

(c) City or town Clarksville 0
(If outside city or town limits write "RURAL")

(d) Street No. Rural.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Ruby Rosalee Buchanan

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single 0

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

7. Birth date of deceased Mch (Month) 26 (Day) 1928 (Year)

8. AGE: Years 20 Months 5 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Clarksville (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Invalid

11. Industry or business _____

FATHER
12. Name Charlie Buchanan
13. Birthplace Nebo (City, town, or county) Ill (State or foreign country) 1

MOTHER
14. Maiden name Ruby Tillier
15. Birthplace Belview (City, town, or county) Ill (State or foreign country)

16. (a) Informant Ruby Buchanan
(b) Address Clarksville Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Sept 12-48 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Harry Carroll
(b) Address Clarksville Mo

X 19. (a) _____ (Date received local registrar) (b) _____ (Registrar's signature) 256

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11
year 1948 hour 12 minute P M.

21. I hereby certify that I attended the deceased from Sept 5-48, 19__, to Sept 11, 1948
that I last saw her alive on Sept 11, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Prostration	years
Due to Convulsions	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

876

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 E L Bond Jr (M. D. or other)
Address Clarksville Mo Date signed 9/11/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 10
District File Number 9-48-163
Date Filed SEP 1 6 1948

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~~ Sept 11-194

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

working under my personal supervision.

Signed Clifton Miller

Licensed Embalmer No. 3364

P. O. Address Elsberry, 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, above space should be left blank.