

S. No. 2  
M-8-43  
v. 5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
OCT 28 1946  
FILED

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32748

State File No. \_\_\_\_\_

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1179

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town ST. JOSEPH  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Mo. Methodist Hosp. T.O.  
(If not in hospital or institution, write street number or location) 1 MO 17 days

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

In this community 1 month 17 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town CAMERON  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Richard Lewis Chafen

(b) If veteran, name war \_\_\_\_\_

(c) Social Security No. not given

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 21  
year 1946 hour 1 minute 00 A.M.

21. I hereby certify that I attended the deceased from September 4, 1946 to Oct 21, 1946  
that I last saw him alive on Oct 20, 1946  
and that death occurred on the date and hour stated above.

4. Sex Male (1) Color or race white (2)

5. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased: Sept 4 1946  
(Month) (Day) (Year)

Immediate cause of death  
Prematurity  
Inanition

Duration  
47da  
47da

8. AGE: Years \_\_\_\_\_ Months 1 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace ST. JOSEPH MO  
(City, town, or county) (State or foreign country)

10. Usual occupation infant

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations None 159

Of autopsy none

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name CHARLES EARNEST CHAFEN JR

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

14. Maiden name Bella Evelyn Edwards

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Charles F. Chafen  
(b) Address CAMERON MO

17. (a) BURIAL (b) Date thereof 10-21-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belair Co Mo

18. (c) Signature of funeral director Demoss Crunk  
(b) Address CAMERON MO

19. (a) Oct. 22, 1946 (b) A. J. Neithaus  
(Date received local registrar) (Registrar's signature)

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) (If 3 years of injury)

23. Signature Dr. Roger Moore (M. D. or \_\_\_\_\_)  
Address St Joseph Mo Date signed 10/21/46

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

7

3154

34

(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 <sup>NOT</sup>embalmed by me, or by.....

.....  
working under my personal supervision.

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

Signed *Leo Moss Frank*.....

Licensed Embalmer No. *2533*.....

P. O. Address *Camden, 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.**