REG'D SEP 23 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

29455
Do not use this space.

1. PLACE OF DEATH
(a) County: Jasper — Registration District No.: 407
(b) Township: — Primary Registration District No.: 4241 — Registered No.:
(c) City: Carterville — (d) Street No.: — St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 18 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: Emma A. Chase
(a) Residence, No. 101 N. Hall St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: L. H. Chase

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 28, 1852

7. AGE: Years 85 — Months 10 — Days 28 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Madison Town, Ohio

FATHER
13. NAME: Moses Strauss
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Pennsylvania

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " "

17. INFORMANT (ADDRESS): Mrs. Nora Zerree, Carterville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Hope Cem. DATE: Aug. 29, 1938

19. FUNERAL DIRECTOR (ADDRESS): Kneece Mortuary, Carthage, Mo.

20. FILED: Aug 27, 1938 J. W. Clark, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 24, 1938, to Aug. 26, 1938.
I last saw her alive on Aug. 24, 1938. Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage of the Brain	Aug. 24, 1938.
S. J. W.	

Other contributory causes of importance: Old age.

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. W. Clark, M. D.
(Address) Carterville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

49 4 0

NOTE: Full information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 6,
District File Number 6-38-60
Date Filed 9-20-38

STATEMENT BY LICENSED EMBALMER

I, Emm Rhnell, Licensed Embalmer No. 391

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Emm Rhnell

Licensed Embalmer No.

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