DEC 19 1938

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

39226
Do not use this space.

1. PLACE OF DEATH
(a) County GREENE 2 Registration District No. 318
(b) Township 1 Primary Registration District No. 2001 Registered No. 909
(c) City SPRINGFIELD (d) Street No. 1339 Benton 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 52 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Max L. Chaudet
(a) Residence, No. 1339 Benton Ave St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W.
5. ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ (write the word) Married
5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE~~ OF Laura G. Chaudet
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 15 1864
7. AGE Years 74 Months 1 Days 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. R.R. Mail Clerk
9. Industry or business in which work was done, as saw mill, bank, etc. U. S. A.
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) Bermingham N. Y.

FATHER
13. NAME John Chaudet
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

MOTHER
15. MAIDEN NAME Malina Jolly
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT (ADDRESS) Mrs Laura G. Chaudet 1339 Benton
18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE Dec. 1, 1938
19. FUNERAL DIRECTOR (~~NAME~~) (ADDRESS) Fred C. Thieme Springfield, Mo
20. FILED Nov. 30, 1938 Chas A. George Mo Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 30, 1938
22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938, to Nov 26, 1938
I last saw him alive on Nov 24, 1938 Death is said to have occurred on the date stated above, at 4 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	
94 Pr	
Other contributory causes of importance:	
Artery Sclerosis	1920

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

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) R. L. Russell, M. D.
(Address) Springfield Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of 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.

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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, Ralph Chieme, or by _____,

Registered Apprentice No._____, working under my personal supervision.

Signed Ralph Chieme

Licensed Embalmer No. 3681

P. O. Address Springfield, 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.