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.

Yark

REC'D FEB 23 1939

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

Do not use this space.

File No. 2861

Registered No. 17

1. PLACE OF DEATH

County Lawrence

Township Mount Pleasant

City (No. 534 St. Ward)

Registration District No. 1050

Primary Registration District No. 5635

2. FULL NAME Carroll Thomas Chandler

(a) Residence, No. Sarcoxie, Missouri St. Route Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~WIFE OF~~: Bettie Dodson Chandler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21, 1861

7. AGE: Years 77 Months 8 Days 18 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry County Kentucky

FATHER

13. NAME Carroll Thomas Chandler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER

15. MAIDEN NAME Nancy ~~Sarcoxie~~ Sageser

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) Mrs C. T. Chandler Sarcoxie, Mo. Route

18. BURIAL, CREMATION, REMOVAL PLACE Sarcoxie Cemetery DATE Jan. 11, 1939

19. UNDERTAKER (ADDRESS) Glen C. Cale Sarcoxie, Missouri

20. FILED Jan 19, 1939 Rice Woods Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 9, 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1938, to Jan 1, 1939

I last saw him alive on Jan 1, 1939. Death is said to have occurred on the date stated above, at 2:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of rectum	

Other contributory causes of importance:

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) W. B. York, M. D.

(Address) 427 S. Sarcoxie, Missouri

RECEIVED
District Health Officer No. 6
District File Number 6-39-754
Date Filed FEB 17 1939

STATEMENT OF LICENSED EMBALMER

I hereby certify that the body whose hame ~~mhm~~ is recorded on the reverse side of this certificate was embalmed by me, Glen C. Cale.

Glen C. Cale
Licensed Embalmer No.3708

Sarcoxie, Missouri