

REC'D APR 18 1939

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

10430

Do not use this space.

1. PLACE OF DEATH

(a) County Cass ² Registration District No. 157
(b) Township Sherman ¹ Primary Registration District No. 5214 Registered No. _____
(c) City _____ (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence locally or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Leon Dale Chandler
(a) Residence, No. _____ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
0 9 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
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) Craigton Mo.

FATHER 13. NAME Chester Harris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wichita Mo.

MOTHER 15. MAIDEN NAME Lura Brona Chandler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Craigton Mo.

17. INFORMANT (ADDRESS) Chester Harris
Craigton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dayton DATE Mar 6 1939

19. FUNERAL DIRECTOR (ADDRESS) Hubert Arnold
Craigton Mo.

20. FILED Mar 11 1939 W. L. Cleverly
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 5 1939

22. I HEREBY CERTIFY, That I attended deceased from MAR 5 1939, to MAR 5 1939

I last saw him alive on MAR 5 1939. Death is said to have occurred on the date stated above, at 9 P m.

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

Cholera
11 P
Date of onset 1

Other contributory causes of importance:

Circulatory failure

Name of operation _____ Date of _____
What test conditions, if any, for the 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? Yes

If so, specify _____ (Signed) W. W. Grepper, M. D.

(Address) Carden City Mo
886

Handwritten signature

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
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 _____

Licensed Embalmer No. _____

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.)