WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUN 8 1939

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

19262
Do not use this space.

1. PLACE OF DEATH
(a) County Moniteau — Registration District No. 575
(b) Township Willowfork — Primary Registration District No. 4339 — Registered No.
(c) or City Tipton — (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Margaret L. Chaney
(a) Residence, No. ..... 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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. R. Chaney
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July, 9, 1889
7. AGE: YEARS 55 — MONTHS 8 — DAYS 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) 11/3/1939
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau County Missouri
FATHER
13. NAME William F. Jahn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper County Missouri
MOTHER
15. MAIDEN NAME Judida Phipps
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper County Missouri
17. INFORMANT (ADDRESS) Henry Whreny Glenstead Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Tipton, Masonic DATE May, 28, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Jewell E. Richards Tipton, Mo
20. FILED May 28 1939 Mrs C. E. Fryr Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May, 28, 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1939 to May 26, 1939
I last saw her alive on May 26, 1939 Death is said to have occurred on the date stated above, at 7:30 A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
~~[illegible]~~	
Uterine Carcinoma	1938
UTERUS-CAR 49	
Other contributory causes of importance:	
Toxemia of malignancy	1939

Name of operation Hysterectomy Date of 1/27/39
What test confirmed diagnosis? Labra. 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? no
If so, specify .....
(Signed) J. L. Potts, M. D.
(Address) Tipton Mo.

(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 embalmed by me, or by me

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

working under my personal supervision.

Signed Jennie E. Richards

Licensed Embalmer No. 2466

P. O. Address Lisbon, Me

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.