

REC'D AUG 7 1939

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

24651
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 2864
 (c) City Farmers City, Mo. (d) Street No. Wesley Hospital 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 Alma Chandler, Wagner
 (a) Residence, No. Dayton, Missouri 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF HUSBAND OF N. Ross Wagner
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 20, 1892
 7. AGE YEARS 46 MONTHS 8 DAYS 26 If LESS than 1 day,hrs. ormin.
 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. House Keeper
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Creighton, Missouri
 (STATE OR COUNTRY)

FATHER 13. NAME Robert H. Chandler
 14. BIRTHPLACE (CITY OR TOWN) Ohio
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Lucy Steley
 16. BIRTHPLACE (CITY OR TOWN) Magnsburg, Mo.
 (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) H. R. Wagner, Garden City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dayton, Mo. DATE July 18, 1939

19. FUNERAL DIRECTOR (NAME) J. M. Baughman
 (ADDRESS) Garden City, Mo.

20. FILED July 16, 1939, M. M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 1939
 22. I HEREBY CERTIFY That I attended deceased from July 14, 1939 to July 16, 1939
 I last saw him alive on July 16, 1939 Death is said to have occurred on the date stated above, at 11:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Peritonitis
 Date of onset 7-14-39
126

Other contributory causes of importance:
Gangrenous gall bladder with gall stones
7-14-39

Name of operating physician Charles E. ... Date 7-14-39
 What test confirmed diagnosis? operation Where an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury no, 19
 Where did injury occur? no
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
no
 Manner of injury no
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify no
 (Signed) J. F. Mackey M. D.
 (Address) Professional Bldg. Farmers City, Mo.

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.

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

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.