

Registration District No. 384 Primary Registration District No. 4227

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Howell  
(b) City or town West Plains, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Residence of D.W. Davis, 303 So. Walker  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
(Specify whether  
In this community 4 weeks  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Tennessee (b) County \_\_\_\_\_  
(c) City or town Memphis  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 7th, 1939  
year \_\_\_\_\_ hour 8; 10 minute A. M. \_\_\_\_\_

21. I hereby certify that I attended the deceased from  
Nov. 3, 1939, to Nov. 7, 1939;  
that I last saw h or alive on Nov. 6th, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Cerebral hemorrhage, rt. side  
with left side paralysis. Duration 3 days.

Due to Arterio-Sclerosis.  
This was her second stroke, during  
Due to past 2 months.

Other conditions \_\_\_\_\_  
(Includes pregnancy within 8 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy None.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Arthurburg W. H. (M.D. or other)  
Address West Plains, Mo. Date signed 11/9/39

3. (a) PRINT FULL NAME Emma Catherine Chandler 534

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Dr. M. B. Chandler 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 3 1860  
(Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 4  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Findley, Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business C.H.E.

12. Name Dr. H. E. Shuttie

13. Birthplace Hesse, Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Barbara Goodmiller

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. W. V. Davis

(b) Address West Plains, Mo.

17. (a) Burial (b) Date thereof Nov. 8, 1939  
(Burial, cremation, or removal) Oak Lawn Cem. (Month) (Day) (Year)

(c) Place: burial or cremation West Plains, Mo.

18. (a) Signature of funeral director Wal Thomburg

(b) Address West Plains, Mo.

19. (a) 11-8-39 (b) Vida W. SIMONS  
(Date received local registrar) (Registrar's signature)

MARGIN RESERVED FOR BINDING

FORM 5-17-39  
REV. 5-17-39  
U.S. GPO

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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

Hal Thornburgh, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Hal Thornburgh  
Licensed Embalmer No. 3408  
P. O. Address West Plains, 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.**