

Rev. 5-17-39 I 119511

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.

Registration District No. 165

Primary Registration District No. 5290

Registrar's No. 6

1. PLACE OF DEATH **FILED FEB 7 1940**

(a) County Cedar

(b) City or town Rural - Jefferson  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Neither  
(Specify whether)

In this community Most of life  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cedar

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. Jefferson T.W.S.  
(If rural, give location)

(e) If foreign born, how long in U. S. A.  years.

3. (a) PRINT FULL NAME Geo. M. Chaney

3. (b) If veteran, name war N

3. (c) Social Security No. ✓

4. Sex male

5. Color or race White

6. (a) Single, widowed, married, divorced marrie

6. (b) Name of husband or wife Emma Chaney

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased AUG 15 1861  
(Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Cherry Hill Tts.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Isa Hudson

12. Name Calvin Chaney

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

14. Maiden name Ester Miller

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

16. (a) Informant's own signature \_\_\_\_\_

(b) Address Caplinger Mills, Mo

17. (a) Burial (b) Date thereof 1-20-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caplinger Mills

18. (a) Signature of funeral director H. C. Davis

(b) Address Stockton - Mo.

19. (a) Jan 28 1940 (b) Mrs Minnie Bartleton  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20 year 1940 hour 9 AM minute ✓ M.

21. I hereby certify that I attended the deceased from November 22, 1938 to January 15, 1940; that I last saw him alive on January 15, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis and myocardial degeneration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: Of operations none

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 Bernard C. Adler (M. D. or other) M.D.

Address Stockton, Mo. Date signed 1/19/40

Duration 1 year

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

*Not Embalmed*

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**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.**