S. No. 2
—11-10-39
r. 5-17-39
Do I X21492

1930

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6239

Registration District No. FILED MAR 1 1940 Primary Registration District No. 4084 Registrar's No. V

1. PLACE OF DEATH:
(a) County Cass
(b) City or town Creighton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 36 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cass
(c) City or town Creighton (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.

3. (a) PRINT FULL NAME Charles Nicholas Chisler
3. (b) If veteran, name war no
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 21 (Day) 1860 (Year)
8. AGE: Years 79 Months 8 Days 4 If less than one day hr. min.
9. Birthplace Vigo County (City, town, or county) Indiana (State or foreign country)
10. Usual occupation Retired farmer
11. Industry or business
FATHER 12. Name Fred Chisler
13. Birthplace (City, town, or county) Penna. (State or foreign country)
MOTHER 14. Maiden name Lucania Medley
15. Birthplace Knox County (City, town, or county) Ky (State or foreign country)
16. (a) Informant Harry Chisler
(b) Address Eldorado Kans.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 27 40 (Month) (Day) (Year)
(c) Place: burial or cremation Grant Cemetary
18. (a) Signature of funeral director Hobart Arnold
(b) Address Creighton Mo.
19. (a) 2/27/40 (Date received by local registrar) (b) Mrs. W. R. Clemings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25 year 1940 hour 6 minute 00 A.M.
21. I hereby certify that I attended the deceased from Dec 15 1939 to Feb 25 1940 that I last saw h m alive on Feb 25 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uraemia —	2 wks
Due to Chr. Glomerulonephritis	
Due to Chr. Myocarditis —	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence no
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no
While at work? no (Specify type of place) (e) Means of injury no
23. Signature Glen G. Smith (M. D. or other)
Address Garden City Mo Date signed 3-4-40

(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 ~~3621~~ myself, Registered Apprentice No. 3621, working under my personal supervision.

Signed Hobart Arnold

Licensed Embalmer No. 3621

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.