

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.

MAY 13 1940

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

15940
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Clair Registration District No. 765
 (b) Township Osceola Primary Registration District No. 6266 Registered No. 10
 (c) City _____ (d) Street No. _____
 (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.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Richard O. Chance
 (a) Residence, No. _____ St. Kansas City, Mo.
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Chance
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17-1850
 7. AGE YEARS 89 MONTHS 6 DAYS 12 IF LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Carpenter
 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. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29, 1940
 22. I HEREBY CERTIFY That I attended deceased from 1-27, 1940 to 1-27, 1940
 I last saw him alive on 1-27, 1940 Death is said to have occurred on the date stated above, at 7:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Old age Exhaustion
 Date of onset _____
 Other contributory causes of importance: 162

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 13. NAME Richard Chance
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 15. MAIDEN NAME Clydebeth Pallen
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 17. INFORMANT Al Dyer (ADDRESS) Osceola
 18. BURIAL, CREMATION, OR REMOVAL PLACE Osceola Cem DATE 2-1- 1940
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ed Hull Osceola Mo.
 20. FILED 4-30 1940 Ruth Seavers Local Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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? _____
 If so, specify _____
 (Signed) A. C. Ward, M. D.
 (Address) Osceola Mo.

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES
BUREAU OF HEALTH SERVICES

RECEIVED
District Health Officer No. 7,
District File Number 5-40-778
Date Filed 5-7-40

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 *[Signature]*
Licensed Embalmer No. 2097
P. O. Address *[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.