

Registration District No. 318

Primary Registration District No. 2001

446

1. PLACE OF DEATH:

(a) County Spring
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Springfield Baptist Hospital!
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community
years, months or days)

8. (a) PRINT FULL NAME ESTEL ODELL CHICK 2ND

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Mary Lynn Chick 6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased February 16 1918
(Month) (Day) (Year)

8. AGE: Years 1 22 Months 3 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Kali County Texas 1
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

MOTHER FATHER. 11. Industry or business

12. Name Ernest M. Chick

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

14. Maiden name Effie Thomas

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

16. (a) Informant Mrs. Earl Hashagen

(b) Address Nixa, Mo.

17. (a) Removal (b) Date thereof May 17 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plainville, Mo.

18. (e) Signature of funeral director F. C. Thomas

(b) Address Springfield, Mo.

19. (a) 5-17-40 (b) W. C. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Nixa Route # 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1940 hour 11:30 minute A. M.

21. I hereby certify that I attended the deceased from May 15 1940
19 _____ to May 16 1940
that I last saw him alive on May 16 1940
and that death occurred on the date and hour stated above.

Immediate cause of death pulmonary hemorrhage
Due to Ruptured left lung
Due to Auto accident, car turned over, some object pierced lung.
Other conditions Hemorrhage
(Include pregnancy within 3 months of death)

Major findings: Of operations nil
Of autopsy nil

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence May 15 1940
(c) Where did injury occur? near Sherman Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
9011 public highway
While at work? yes (e) Means of injury auto turned over
(Specify type of place) (M. B. or other)
Signature Donal L. Yancy
Address Springfield, Mo. Date signed 5-17-40

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

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.....

R. P. Thorne

Licensed Embalmer No. *3681*

P. O. Address *Springfield, 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.

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