S. No. 2
—11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 15 1940

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 22228

Registration District No. 527 Primary Registration District No. 5703 Registrar's No.

**1. PLACE OF DEATH:**

(a) County Macon

(b) ~~City or town~~ Bevier Twp

(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 —

(Specify whether years, months or days)

In this community ✓

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Macon

(c) City or town Bevier

(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 MINERVA A CHATMAN

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife W B Chatman

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

7. Birth date of deceased 2 (Month) 6 (Day) 1865 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 75 | 4 | 23 | hr. min. |

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

10. Usual occupation Domestic

11. Industry or business —

MOTHER FATHER

12. Name unknown

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

14. Maiden name Unknown

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

16. (a) Informant Tom Hardy

(b) Address Bevier, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-1-1940 (Month) (Day) (Year)

(c) Place: burial or cremation West Oakwood

18. (a) Signature of funeral director M. Forrester

(b) Address Bevier Mo

19. (a) 6-14-1940 (Date received local registrar) (b) Edw Simpson (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 30, year 1940 hour 1:30 minute P.M.

21. I hereby certify that I attended the deceased from May 1, 1940, to May 30, 1940 that I last saw her alive on May 29, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Heart Block (Acute)

Due to Fibrillating Heart

Chronic Arthritis 2 years

Due to Sclerosis (Cerebral) Stating

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 121

Of autopsy

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Dr E L Weedlebach M.D.

Address Bevier, Mo Date signed 6/10/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-40-1322
Date Filed JUL 10 1940

**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.**