

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 253

1. PLACE OF DEATH:

(a) County Boone
 (b) City or town Columbia
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: State Cancer Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 11 days
 (Specify whether years, months or days) 1

3. (a) PRINT FULL NAME Mrs. Verna Chailhand

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Mr. Ed Chailhand 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased March 3 1890
 (Month) (Day) (Year)

8. AGE: Years 50 Months 8 Days 12 If less than one day hr. min.

9. Birthplace Johnson Co. Ill.
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business "

12. Name Frank Evans

13. Birthplace Johnson Co. Ill.
 (City, town, or county) (State or foreign country)

14. Maiden name Eda Boomer

15. Birthplace Johnson Co. Ill.
 (City, town, or county) (State or foreign country)

16. (a) Informant Evil Service Record

(b) Address State Cancer Hospital

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

(c) Place: burial or cremation Kennett Mo.

18. (a) Signature of funeral director R. O. Green
 (b) Address Columbia, Mo.

19. (a) 11/23/40 (b) Allie Selby
 (Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wenkin
 (c) City or town Rural # Kennett
 (If outside city or town limits, write "RURAL")
 (d) Street No. Route # I
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. — years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15
 year 1940 2 hour 00 minute P M.

21. I hereby certify that I attended the deceased from 11-5 1940, to 11-15 1940
 that I last saw her alive on 11-15 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer Cervix
Generalized metastasis
 Due to due to undiagnosed lesion.

Due to —
 Other conditions —
 (Include pregnancy within 3 months of death)

Major findings: Of operations —
 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?

23. Signature Thaddeus L. Hubbard (M. D. or other) MD
 Address Columbia, Mo. Date signed 11/15/40

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

MOTHER FATHER

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. 3183
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.