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K21492

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44161

Registration District No. 875

Primary Registration District No. 6162

Registrar's No. 311

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

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Washington Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No. 3 Nevada, Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 9 1/2 days
(Specify whether)

In this community 3
years, months or days

8. (a) PRINT FULL NAME ELLEN NORA CHANDLER

9. (b) If veteran, name war _____ 8. (c) Social Security No. None

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

6. (b) Name of husband or wife Robert W. Chandler 6. (c) Age of husband or wife if alive dead years _____

7. Birth date of deceased Not known
(Month) (Day) (Year)

8. AGE: Years 83 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation House work

11. Industry or business _____

MOTHER { 12. Name JIM BURGESS

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

14. Maiden name Mary Chandler

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

16. (a) Informant State Hospital Records
(b) Address Nevada, Mo

17. (a) Burial (b) Date thereof 12-28-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stoutland, Mo

18. (a) Signature of funeral director Virgil Evans
(b) Address Stoutland, Mo

19. (a) Dec 26, 1940 (b) Allen V. Hays
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Laclede

(c) City or town Lebanon
(If outside city or town limits, write "RURAL")

(d) Street No. Not known
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26 year 1940 9 hour _____ minute _____ P. M.

21. I hereby certify that I attended the deceased from Nov 8/40, 1940, to Dec 26/40, 1940 that I last saw her alive on Dec 26/40, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Senile Dementia
Gen. arterio Sclerosis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy No

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? Yes

While at work? _____ (Specify type of place) _____
Means of injury _____

23. Signature G.S. Warwick (M. D. or other) _____
Address State Hospital 3, Nevada Date signed 12/26/40

FEB 26 1941

RECEIVED

District Health Officer No. 7,

District File Number 1-41-121

Date Filed 1-13-41

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 Allen V. Hays

Licensed Embalmer No. 1968

P. O. Address Nevada, 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.