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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FEB 14 1941
318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2572
Registrar's No. 11

Registration District No. _____ Primary Registration District No. 2001

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
9
2
6

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2138 N. Benton 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution (Specify whether
In this community 2 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Greene 39
(c) City or town Springfield (If outside city or town limits, write "RURAL")
(d) Street No. 2138 North Benton (If rural, give location)
(e) If foreign born, how long in U. S. A. ? 0 years.

3. (a) PRINT FULL NAME DRURY Washington Chadwick
3. (b) If veteran, name war us
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 3
year 1940 hour 10 minute 45 A.M.
21. I hereby certify that I attended the deceased from Dec 26, 1940, to Jan 3, 1941,
that I last saw him alive on Jan 13, 1941,
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, 2 divorced widowed
6. (b) Name of husband or wife Dorothy Chadwick 6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased March 15 - 1859
(Month) (Day) (Year)

Immediate cause of death lobar pneumonia Duration 9 days
Due to 10
Due to 10
Other conditions Senility (Age 81)
Major findings: Of operations none
Of autopsy none
Underline the cause to which death should be charged statistically.

8. AGE: Years 181 Months 9 Days 18 If less than one day hr. _____ min. _____

9. Birthplace Unknown Tenn 1
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business General farming

12. Name (Unknown) Unknown
13. Birthplace Unknown Tenn 1
(City, town, or county) (State or foreign country)

14. Maiden name Unknown
15. Birthplace Unknown Tenn 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Etta Haynes
(b) Address 2138 N Benton Springfield Mo

17. (a) Bural (Burial, cremation, or removal) (b) Date thereof 1/5/1940
(Month) (Day) (Year)
(c) Place: burial or cremation Mt Pleasant

18. (a) Signature of funeral director Gene A. Tom
(b) Address Walnut St. Mo

19. (a) 1/3/40 (Date received local registrar) (b) W. E. Haudley (Registrar's signature)

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 Don H. Silsby (M. D. or other) Mo D
While at work? ✓ (Specify type of place) (e) Means of injury 10
Address Springfield, Mo Date signed 1-3-41

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: *Genea Brown*

Licensed Embalmer No. *70644*
P. O. Address *Helmut Grove 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, fact should be so stated above.