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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10140

Registration District No. 85 | Primary Registration District No. 1001 | Registrar's No. 342

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

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1103 Church Street.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether
In this community: 50 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: 1103 Church or 2623 Patee St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Edmund Goldsmith Chandlee
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Katherine Stein Chandlee
6. (c) Age of husband or wife if alive: 76 years
7. Birth date of deceased: June (Month) 28 (Day) 1859 (Year)

8. AGE: Years	Months	Days	If less than one day
81	8	27	hr. ____ min.

9. Birthplace: York (City, town, or county) Pa. (State or foreign country)
10. Usual occupation: Retired Master Painter
11. Industry or business: Contractor

FATHER
12. Name: Ellis Chandlee
13. Birthplace: Unknown (City, town, or county) Pa. (State or foreign country)

MOTHER
14. Maiden name: Caroline Smith
15. Birthplace: Unknown (City, town, or county) Pa. (State or foreign country)

16. (a) Informant: Mrs. Katherine S. Chandlee
(b) Address: 2623 Patee Str. St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 28, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Olivet Cemetery.
18. (a) Signature of funeral director: Herman W. Bidenbach
(b) Address: 1802 Union Str. St. Joseph, Mo.
19. (a) 3-26, 1941 (Date received local registrar) (b) W. Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25th year 1941 hour 11 minute 00 A.M.
21. I hereby certify that I attended the deceased from Dec 12, 1940, to March 20, 1941, that I last saw him alive on March 20, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of the prostate — Duration: 4 months
due to: Uremia — Duration: 1 wk
due to: Cerebral thrombosis — Duration: 1 wk
Other conditions (Include pregnancy within 3 months of death): Stroke, bed sore, cystitis

Major findings:
Of operations: —
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): Accident
(b) Date of occurrence: Oct 3rd, 1940
(c) Where did injury occur? St Joseph (Buch.) Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 2623 Patee st (Home) (Specify type of place)
While at work? No. (e) Means of injury: Struck head, shoulder & elbow on concrete step
23. Signature: [illegible] (M. D. or other) M.D.
Address: 414 Francis Bldg. St. Joseph Mo. Date signed: 3-26-41

(Licensed Embalmer's Statement on Reverse Side)

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 Elbert R. Farrington

Licensed Embalmer No. 3258

P. O. Address St. Joseph, 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.