No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 19 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

DR. BOWMAN

State File No. 15809

Registration District No. 609 Primary Registration District No. 4363 Registrar's No. 41

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

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Neosho (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: W. Sherman St. 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County NEWTON 23
(c) City or town NEOSHO 3 (If outside city or town limits, write "RURAL")
(d) Street No. SHERMAN ST 2 (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME HENRY LEWIS CHANDLER
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex MALE 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ADDIE BARBARA CHANDLER
6. (c) Age of husband or wife if alive years
7. Birth date of deceased MARCH (Month) 8 (Day) 1866 (Year)

8. AGE: Years 75 Months 1 Days 4 If less than one day hr. min.

9. Birthplace LYONS Co. (City, town, or county) KANSAS 1 (State or foreign country)
10. Usual occupation PAINTER.
11. Industry or business
MOTHER FATHER
12. Name GEORGE W. CHANDLER
13. Birthplace UNKNOWN (City, town, or county) UNKNOWN 9 (State or foreign country)
14. Maiden name HANNAH P. CRAGTREE
15. Birthplace UNKNOWN (City, town, or county) UNKNOWN 9 (State or foreign country)
16. (a) Informant John Christopher
(b) Address Sherman St Neosho, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 14, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation I. O. O. F. Cemetery
18. (a) Signature of funeral director Corey Thompson
(b) Address Neosho Mo
19. (a) 5-9-41 (Date received local registrar) (b) Orval R. Sale, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 12th year 1941 hour 3:00 minute P. M.

21. I hereby certify that I attended the deceased from Sept. 16, 1940 to April 7, 1941; that I last saw him alive on April 7, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage of right side, 5 days duration

Due to 3 | 0

Due to

Other conditions Arteriosclerosis and chronic Interstitial Nephritis (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

Duration

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? 5 4 3 (Specify type of place)
While at work? (e) Means of injury

23. Signature Melvin C. Bowman (M. D. or other) MD
Address Neosho, Mo Date signed May 7-41

(Licensed Embalmer's Statement on Reverse Side)

...n Officer No. 6,
District File Number 541-817
Date Filed MAY 16 1949

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 Carly Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.