

FILED SEP 17 1941

State File No. _____

Registration District No. 397

Primary Registration District No. 1002

Registrar's No. 3234

1. PLACE OF DEATH:

(a) County Jackson,
(b) City or town Kansas City,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1225 West 57th Street,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X
In this community 72 years, (Specify whether years, months or days)

3. (a) PRINT FULL NAME James E. Chandler,

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

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

6. (b) Name of husband or wife Lura E. Chandler, 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased March 2, 1867
(Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 24 If less than one day hr. _____ min. _____

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

10. Usual occupation President,

11. Industry or business Meriden Creamery Co.,

12. Name O. F. Chandler,
13. Birthplace Unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. James E. Chandler,
(b) Address 1225 West 57th St., K. C., Mo.

17. (a) Interment (b) Date thereof 8-28-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Pantheon.

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Tillham Plaza, K. C., Mo.

19. (a) 8/27/41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson,
(c) City or town Kansas City,
(If outside city or town limits, write "RURAL")
(d) Street No. 1225 West 57th Street,
(If rural, give location)
(e) If foreign born, how long in U. S. A? X 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month August day 26th
year 1941 hour 1:05 minute P. M.

21. I hereby certify that I attended the deceased from May 5, 1941, to August 26 1941;
that I last saw him alive on August 26 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia Duration 10 days

Due to Cerebral Thrombosis 5 weeks

Due to _____

Other conditions 83B
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature William A. Baker (M. D. or other) D
Address 1030 Angelfield Date signed 8/27/41

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

MOTHER FATHER

SEP 13 1948

copy as body

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 Felix Remy

Licensed Embalmer No. H127

P. O. Address Kansas City, 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.