

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

28197

State File No. \_\_\_\_\_

FILED SEP 8 1941

Registration District No. 272Primary Registration District No. 5384Registrar's No. 87

## 1. PLACE OF DEATH:

(a) County Douglas  
(b) City or town Ava Boone  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(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

3. (a) PRINT FULL NAME Daniel E. Chaffee

3. (b) If veteran, name war \_\_\_\_\_ 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 Myrtle Chaffee 6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased March 29 1872  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>4</u>	<u>9</u>	hr. _____ min.

9. Birthplace New Line, Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business \_\_\_\_\_

12. Name Veronres Elesworth Chaffee13. Birthplace Ohio  
(City, town, or county) (State or foreign country)14. Maiden name Sarah Ray15. Birthplace Harts Grove, Ohio  
(City, town, or county) (State or foreign country)16. (a) Informant Ma L. Bostic  
(b) Address McClung17. (a) Burial (b) Date thereof 8-9-41  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Ava18. (a) Signature of funeral director Clinkingbeard Funeral Home While at work? \_\_\_\_\_  
(b) Address Ava, Missouri (c) Means of injury \_\_\_\_\_19. (a) 9-31 1941 (b) P. H. K. White  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 034  
(c) City or town Ava Rural C  
(If outside city or town limits, write "RURAL")  
(d) Street No. Hammond star Route D  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 8  
year 1941 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from Aug 4  
1940 to Aug 1 1941  
that I last saw him alive on Aug 1 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Chronic Nephritis

Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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) \_\_\_\_\_  
(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? \_\_\_\_\_

(Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature R. M. Norman (M. D. or other) \_\_\_\_\_  
Address Ava Mo. Date signed 9/24/41

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

*S. R. M. Norman*

RECEIVED

District Health Officer, No. 6,

District File Number 941-1414

Date Filed SEP 4 1941

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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.....

*W. B. Hutchinson*

Licensed Embalmer No. 3431

P. O. Address.....

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

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

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