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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28780

FILED SEP 10 1941

Registration District No. 8

Primary Registration District No. 3026

Registrar's No. 120

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 325 Wilson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution / (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 05

(c) City or town Chillicothe
(If outside city or town limits, write "RURAL")

(d) Street No. 325 Wilson
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Effie E. Chidester

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fred J. Chidester

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased December (Month) 12 (Day) 1873 (Year)

8. AGE: Years 67 Months 8 Days 14 If less than one day hr. min.

9. Birthplace Linneus (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation At Home

11. Industry or business Housewife

FATHER
12. Name C. E. Couch
13. Birthplace Unknown (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Mary J. Luyster
15. Birthplace Unknown (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Edna Chidester
(b) Address 325 Wilson; Chillicothe, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-28-'41 (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F. Cemetery, Linneus

18. (a) Signature of funeral director F. B. Norman Co.
(b) Address Chillicothe, Missouri

19. (a) 8-27-41 (Date received local registrar) (b) H. McGrace, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26
year 1941 hour 5 minute 07 A.M.

21. I hereby certify that I attended the deceased from August 26 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 Cerebral hemorrhage — Duration 2 hrs

Due to Arteria-sclerosis 20 yrs

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)
While at work? — (e) Means of injury

23. Signature G. W. Carpenter (M. D. or other) M.D.
Address Chillicothe Mo. Date signed 8/26/41

945 (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

Elton F. Norman & E. R. Norman (2874) Registered Apprentice No.

working under my personal supervision.

Signed Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Mo.

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

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