

FILED SEP 6 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 28873

Registration District No. 566

Primary Registration District No. 3030

Registrar's No. 95

1. PLACE OF DEATH:

(a) County. Mississippi  
(b) City or town. CHARLESTON  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
302 BROOKLYN STREET  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.  
In this community. ALL OF LIFE (Specify whether years, months or days)

3. (a) PRINT FULL NAME JOHN CHANDLER JR.

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

4. Sex. MALE 5. Color or race. COL. 6. (a) Single, widowed, married, divorced. INFANT

6. (b) Name of husband or wife. X X X X 6. (c) Age of husband or wife if alive. X X X years

7. Birth date of deceased. August 6 1941  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u> hr. <u>-</u> min.

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

10. Usual occupation. INFANT

11. Industry or business. INFANT

12. Name. JOHN CHANDLER

13. Birthplace. WYNNS ARKANSAS  
(City, town, or county) (State or foreign country)

14. Maiden name. ELLIN CURTIS

15. Birthplace. MISSISSIPPI  
(City, town, or county) (State or foreign country)

16. (a) Informant. JOHN CHANDLER  
(b) Address. CHARLESTON, MO.

17. (a) BURIAL (b) Date thereof. 8-7-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. OAK GROVE - CHARLESTON

18. (a) Signature of funeral director. Lair - Nunlee

(b) Address. Charleston, Mo.

19. (a) 8-16-41 (b) J. Vernon  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MISSOURI (b) County. Mississippi  
(c) City or town. CHARLESTON  
(If outside city or town limits, write "RURAL")  
(d) Street No. 302 BROOKLYN STREET  
(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. 6<sup>th</sup>  
year. 1941 hour. 0 minutes. - M.

21. I hereby certify that I attended the deceased from No Doctor  
19 - to 19 -

that I last saw h. - alive on - 19 -  
and that death occurred on the date and hour stated above.

Immediate cause of death. Premature Cause  
Duration -

Due to. Unknown

Due to. 19

Other conditions. 19  
(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? -

While at work. - (Specify type of place)  
(c) Means of injury. -

23. Signature. Spavis Shelby, Coroner  
(Name or other)

Address. East Prairie, Mo. Date signed. 8/27/41

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

745

RECEIVED

District Health Office No. 2,

District File Number 941-120

Date Filed 9/14/41

**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.

*not embalmed*

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**