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PI X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **35789**

Registration District No. **888**

Primary Registration District No. **5916**

Registrar's No. **20**

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

1. PLACE OF DEATH: **FILED NOV 13 1941**

(a) County **Pike**

(b) City or town **Rural—Frankford**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **R.R. #1**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **Not in hospital**  
(Specify whether)

In this community **26 days**  
years, months or days

3. (a) PRINT FULL NAME **Saphia M. Chesser**

3. (b) If veteran, name war **—**

3. (c) Social Security No. **—**

4. Sex **Female**

5. Color **White**

6. (a) Single, widowed, married, divorced **Widowed**

7. (b) Name of husband or wife **Frank F. Chesser**

7. (c) Age of husband or wife if alive **62** years

8. Birth date of deceased **June 30 1907**  
(Month) (Day) (Year)

8. AGE: Years **34** Months **3** Days **10**

If less than one day hr. min.

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

10. Usual occupation **At Home**

11. Industry or business

MOTHER FATHER { 12. Name **John R. Clifton**

13. Birthplace **Owen County Kentucky**  
(City, town, or county) (State or foreign country)

14. Maiden name **Gerreda Hammon**

15. Birthplace **Owen County Kentucky**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Ms. William Turney**

(b) Address **Frankford Missouri**

17. (a) **Burial** (b) Date thereof **Oct. 12 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Grand Prairie Cem**

18. (a) Signature of funeral director **Roy Schwartz**

(b) Address **Hannibal Missouri**

19. (a) **Oct 11 1941** (b) **Mattie Unell**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **(Do not know)**

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

(d) Street No. **(Do not know)**  
(If rural, give location)

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

If yes, name country **—**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **10<sup>th</sup>**  
year **1941** hour **4:20** minute **A.** M.

21. I hereby certify that I attended the deceased from **September 24** 19**41** to **September 28** 19**41**  
that I last saw h. er alive on **Sept. 28** 19**41**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Chronic myocarditis**

Duration

Due to **Central Nervous System Syphilis**

Due to

Other conditions: (Include pregnancy within 3 months of death)

Major findings: **30C**

Of operations

Of autopsy **none made**

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) (e) Means of injury **—**

23. Signature **J. J. Murphy** (M. D. or other **MD**)  
Address **Hannibal Mo** Date signed **10-10-41**

RECEIVED

District Health Officer No. 10

District File Number 11-41-7988

Date Filed NOV 10 1941

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.....

*Ray Schwartz*, Registered Apprentice No. ....  
working under my personal supervision.

Signed *Ray Schwartz*  
Licensed Embalmer No. *1765*  
P. O. Address *Hannibal, 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, fact should be so stated above.