

DEC 29 1941

Registration District No. **213**

Primary Registration District No. **3014**

Registrar's No. **333**

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

1. PLACE OF DEATH:

(a) County **Jefferson City Mo**

(b) City or town **Jefferson City Mo**

(c) Name of hospital or institution: **Home**

(If not in hospital or institution, write street number or location)

(d) Length of stay: **In hospital or institution**

In this community **Ten (10) years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cole**

(c) City or town **Jefferson City**

(d) Street No. **819 E Elm**

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

If yes, name country.

3. (a) PRINT FULL NAME **OSHEA VIOLA CHANEY**

3. (b) If veteran, name war.

3. (c) Social Security No.

4. Sex **Female** 5. Color or race **Negro**

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

6. (b) Name of husband or wife **Zelmer Chaney**

6. (c) Age of husband or wife if alive **37** years

7. Birth date of deceased **26 1892**

8. AGE: Years **49** Months **7** Days **17** If less than one day hr. min.

9. Birthplace **Osage County**

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER

12. Name **John Thomas Wilson**

13. Birthplace **Osage County**

14. Maiden name **Madie Mack**

15. Birthplace **Osage County**

16. (a) Informant **Zelmer Chaney**

(b) Address **819 E. Elm, Jefferson City**

17. (a) **Burial** (b) Date thereof **11-16-41**

(c) Place: burial or cremation **Langview Cemetery**

18. (a) Signature of funeral director **Walter F. ...**

(b) Address **700 Jefferson St**

19. (a) **11-15-41** (b) **Norma Sichter**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** 13th day year **1941** hour **5:00 P** minute **0** M.

21. I hereby certify that I attended the deceased from **Nov. 12-41** to **Nov. 13-41** that I last saw him alive on **Nov 13** and that death occurred on the date and hour stated above.

Immediate cause of death **Acute gastric dilatation** Duration **11-13-41**

Due to **Error in diet**

Due to

Other conditions **Cardiac failure** (Include pregnancy within 3 months of death)

Major findings: Of operations **no** Of autopsy **no**

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 **R. R. ...** (M. D. or other)

Address **421 Lafayette** 11-15-41 Date signed **R. R.**

91
11-13-41
1941-10-43
3:26
7 17

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

L. H. Anderson

Licensed Embalmer No.

3641

P. O. Address

Jeff 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, fact should be so stated above.