

JAN 13 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

41982

State File No. ....

Registration District No. 363

Primary Registration District No. 5568

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Hickory  
(b) City or town Montgomery Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Hickory  
(c) City or town Montgomery Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. ....  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Eliza Ellew Chancellor

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

4. Sex fm 5. Color or race whit 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Frank Chancellor 6. (c) Age of husband or wife it alive. .... years

7. Birth date of deceased. Aug 5, 1865  
(Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days 17 If less than one day hr. .... min.

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

10. Usual occupation Wife

11. Industry or business. ....

12. Name Wm Merton G

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

14. Maiden name Eliza Bras

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

16. (a) Informant Frank Chancellor

(b) Address Wheatland MO

17. (a) burial (b) Date thereof 11/17/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dezard Bros

18. (a) Signature of funeral director JR Luckey

(b) Address Wheatland MO

19. (a) Dec 14-41 (b) Fern W Berner  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11  
year 1941 hour 12 minute 30 M.

21. I hereby certify that I attended the deceased from Oct-6-1941 to Nov-11-1941;  
that I last saw her alive on Nov-8-1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death. Hypostatic Pneumonia from 9 days resting on back for over a month  
Due to Paralysis

Due to Cerebral Hemorrhage

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

Major findings: 83a  
Of operations —  
Of autopsy —

Duration

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 A.S. Johnston M.D. (M.D. or other) —  
Address Wheatland MO Date signed 11-11-1941

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

13000

378

RECEIVED

District Health Officer No. 7.

District File Number 12-41-2132

Date Filed 1-7-42

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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

*J. P. Luckey*

Licensed Embalmer No.

*2982*

P. O. Address

*Wheatland 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.**