. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

51

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 12 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

2609

State File No.

Registration District No. 431 Primary Registration District No. 3023 Registrar's No. 4

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution: 342 E. Market St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 28 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

(c) City or town Warrensburg 2
(If outside city or town limits, write "RURAL")

(d) Street No. 342 E. Market 2
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Dora Chalfant

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife E. R. Chalfant

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Oct (Month) 1 (Day) 1867 (Year)

8. AGE: Years 74 Months 3 Days 2 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant E. R. Chalfant
(b) Address Warrensburg

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 6 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney Phillips
(b) Address Warrensburg Mo.

19. (a) Jan 6-1942 (Date received local registrar) (b) Leola M Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3 year 1942 hour 10:40 minute A M.

21. I hereby certify that I attended the deceased from Nov 14, 1941, to Jan 3, 1942 that I last saw her alive on Jan 3, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma involving the liver, stomach

Due to & Intestines I do not know prim any seat

Due to as I did not see her until Nov 10 and she

Other conditions Was in a bonkey condition
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 55

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature J. H. McAfee (M. D. or other)

Address Warrensburg Date signed 1/5/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 3
2-11-42

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 R. A. Phillips, Registered Apprentice No. ....., working under my personal supervision.

Signed R. A. Phillips

Licensed Embalmer No. 2320

P. O. Address Warrenburg, 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.