

No. 2  
1-4-41  
-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

6116

State File No. \_\_\_\_\_

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Callaway  
(b) City or town Fulton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Callaway Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 Days  
(Specify whether years, months or days)  
In this community 20 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway  
(c) City or town Rural Route #1  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1 Mile N. E. Fulton  
(If rural, give location)  
(e) Citizen of foreign country? No.  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

HORACE GAGE CHADWICK

3. (b) If veteran, name war

No

3. (c) Social Security No.

None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased July 13 1859  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>5</u>	<u>19</u>	hr. min.

9. Birthplace Morgan County, Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Farming

12. Name Justice Chadwick

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

14. Maiden name Sarah Cook

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

16. (a) Informant F. E. Nettell

(b) Address Fulton, Mo.

17. (a) Burial (b) Date thereof 1/4/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hilcrest Cemetery

18. (a) Signature of funeral director Leo B. Wallace

(b) Address Fulton, Mo.

19. (a) Jan 3, 1942 (b) R. H. Creson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2  
year 1942 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 12 1942 to Jan 12 1942

that I last saw him alive on Jan 12 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Subarachnoid hemorrhage

Due to Coronary artery disease

Due to \_\_\_\_\_

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

Major findings: 4.6  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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. H. Creson (M. D. or other) \_\_\_\_\_  
Address Fulton Mo Date signed 1-3-42

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

4  
12

1147

(Licensed Embalmer's Statement on Reverse Side)

**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..... *Elbert E. White*.....

Licensed Embalmer No. *4168*.....

P. O. Address..... *Buttontown, 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.**