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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10523
State File No.

FILED APR 1 1942

Registration District No. Primary Registration District No. 5253 Registrar's No. 8

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

22 0 0

1. PLACE OF DEATH:
(a) County: Christian
(b) City or town: Logan – Rural Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: / (Specify whether
In this community: 40 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: christian 022 0
(c) City or town: rural 0
(If outside city or town limits, write "RURAL")
(d) Street No.: Nixa, Route #1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Walter Coleman Chaffin
3. (b) If veteran, name war: none
3. (c) Social Security No.: none

4. Sex: male 0
5. Color or race: white
6. (a) Single, widowed, married, divorced: married 1
6. (b) Name of husband or wife: Mrs. Villa Chaffin
6. (c) Age of husband or wife if alive: 64 years
7. Birth date of deceased: Dec. 12 - 1869
(Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 5 If less than one day hr. min.

9. Birthplace: (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation: Farming
11. Industry or business:
FATHER 12. Name: James Chaffin
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: Mrs. Villa Chaffin
(b) Address: Nixa, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Mar. 18, 42 (Month) (Day) (Year)
(c) Place: burial or cremation: McConnell cem.
18. (a) Signature of funeral director: J. W. Mayfield
(b) Address: Clever, Mo.
19. (a) MAR. 18th-42 (Date received local registrar) (b) Mary F. Spears (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16 year 1942 hour 11 minute P.M.
21. I hereby certify that I attended the deceased from March 16th, 1942, to March 17, 1942 that I last saw him alive on March 16, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage
Due to: Pulmonary Congestion
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: $30
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: 0
23. Signature: Dr. J. B. Bell (M. D. or other) D.O.
Address: Clever, Mo. Date signed: 3/17/41

1244 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 442-449
Date Filed APR 9 1942

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. W. Mapler

Licensed Embalmer No. 2985

P. O. Address Clever 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.