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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 3 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10756

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 241

039 2 6

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

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield C. Ls. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 870 Concord (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days) In this community 78 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 039
(c) City or town Springfield, (If outside city or town limits, write "RURAL")
(d) Street No. 870 Concord (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country D

3. (a) PRINT FULL NAME Benjamin Levi Chastain
3. (b) If veteran, name war Unknown
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Delia Chastain
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased August (Month) Unknown (Day) 1863 (Year)
8. AGE: Years 78 Months 7 Days Unknown If less than one day hr. min.
9. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business Railroad Company
FATHER 12. Name Paul Chastain
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER 14. Maiden name Lucy Mills
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Mrs. Delia Chastain
(b) Address Springfield, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/27/42 (Month) (Day) (Year)
(c) Place: burial or cremation Clear Creek Cemetery
18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri
19. (a) 3-27-42 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25th year 1942 hour 10:40 minute P. M.
21. I hereby certify that I attended the deceased from December 15, 1941, to March 25th, 1942, that I last saw him alive on March 25th, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration
Due to
Due to
Other conditions Senility (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy None made

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

23. Signature Paul O. Upshaw, (M. D. or other)
Address Springfield, Missouri Date signed 3-27-42

(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 Harlow Knabb

Licensed Embalmer No. 4065

P. O. Address Springfield 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.