

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUN 9 1942

Registration District No. ....

Primary Registration District No. 5768

Registrar's No. 1

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

1. PLACE OF DEATH:

(a) County Mississippi

(b) City or town STONINGTON RURAL  
(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 Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Miss

(c) City or town near East Prairie MO  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

3. (a) PRINT FULL NAME ELMER ARNOLD CHAMEX

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month May day 10<sup>th</sup> year 1942 hour 20 minute \_\_\_\_\_ P. M.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, 0 divorced.

21. I hereby certify that I attended the deceased from May 8 1942 to May 10 1942 that I last saw him alive on May 10 1942 and that death occurred on the date and hour stated above.

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

Immediate cause of death (158) Congenital Debility

7. Birth date of deceased May 9<sup>th</sup> 1942  
(Month) (Day) (Year)

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

8. AGE: Years \_\_\_\_\_ Months 1 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

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

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

10. Usual occupation \_\_\_\_\_

Major findings: 158

11. Industry or business \_\_\_\_\_

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

12. Name John Chanley

13. Birthplace Remiscat Co. MO  
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Ester Zick

15. Birthplace Iron Co. Ind.  
(City, town, or county) (State or foreign country)

16. (a) Informant John Chanley  
(b) Address East Grand MO

17. (a) Rural (b) Date thereof 5-11-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation W. O. W.

18. (a) Signature of funeral director Ernie W. Shelly  
(b) Address East Grand MO

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? \_\_\_\_\_

19. (a) 6-6-42 (b) Hannet Bryman  
(Date received local registrar) (Registrar's signature)

23. Signature George W Whitaker (M. D. or other) \_\_\_\_\_  
Address East Prairie MO Date signed 6/6/42

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.....

*Not embalmed*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed *Travis Shelby*.....

Licensed Embalmer No. *2726*.....

P. O. Address *East Prussia*.....

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.