

MED JUL 10 1942

Registration District No. **684**

Primary Registration District No. **3918**

Registrar's No. **35**

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

1. PLACE OF DEATH:
 (a) County Pike
 (b) City or town Middletown, Mo. Rural
 (c) Name of hospital or institution Hartford Disp
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 71-4-8 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Pike
 (c) City or town Rural
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME OLIVER ALBERTUS CHANDLER

3. (b) If veteran, name war ✓ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife CARRIE DAWSON 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 25 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	↳ If less than one day
	<u>71</u>	<u>4</u>	<u>8</u>	hr. min.

9. Birthplace Indian Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name MATHEW CHANDLER

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

14. Maiden name Cecilia Holcroft

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

16. (a) Informant Bernard Chandler

(b) Address Middletown Mo

17. (a) Burial (b) Date thereof 6 14 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial, Middletown

18. (a) Signature of funeral director W. H. ...
(b) Address Middletown Mo

19. (a) June 13-42 (b) Mrs Frank Hadon
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13th
year 1942 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from Sept 5 41 1941 to June 13th 42 1942
that I last saw him alive on June 11th 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism

Due to Cerebral Embolism
Staphylococci

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 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? _____

23. Signature A. L. ... (M. D. or other) _____
Address Middletown, Mo Date signed 9/19/42

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

1148

RECEIVED

District Health Officer No. 10

District File Number 7-42-1363

Date Filed JUL - 8 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 *[Signature]*

Licensed Embalmer No. 3009

P. O. Address Wellsville 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.