

FILED OCT 8 1942

Registration District No. 274

Primary Registration District No. 5930

Registrar's No. 311

1. PLACE OF DEATH

(a) County Pettis
(b) City or town Hughesville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home of Dr. C. P. Cartwright 1
(Not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community Three months
years, months or days. (Specify whether

3. (a) PRINT FULL NAME EUDORA E. CHASTAIN

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed
(b) Name of husband or wife. Dr. M. J. Chastain 6. (c) Age of husband or wife if alive, 77 years
7. Birth date of deceased March 27 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months 3 Days 6 If less than one day hr. min.

9. Birthplace Waywood Mo. (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER { 12. Name Dr. Joseph Cartwright
13. Birthplace Princeton Ky. (City, town, or county) (State or foreign country)
14. Maiden name Gampa Mitchell
15. Birthplace Princeton Ky. (City, town, or county) (State or foreign country)

16. (a) Informant C. P. Cartwright
(b) Address Hughesville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/5/42
(Month) (Day) (Year)
(c) Place: burial or cremation Marshall, Mo.

18. (a) Signature of funeral director Geo. Bellard
(b) Address Sedalia, Mo.
19. (a) 9/5/42 (Date received local registrar) (b) Dr. Anne Berger (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline
(c) City or town Marshall
(If outside city or town limits, write "RURAL.")
(d) Street No. Odell ave. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3 year 1942 hour 10 A.M. minute M.

21. I hereby certify that I attended the deceased from June 1 1942 to Sept 3 1942
that I last saw him/her alive on Sept 3 1942
and that death occurred on the date and hour stated above.

Immediate cause of death general debility
Due to old age

Due to old age
Other conditions 1628
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
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
23. Signature Dr. J. P. Cartwright (M. D. or other)
Address Hughesville Mo. Date signed Sept 3

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

80
0
6

RECEIVED

District Health Officer No. 8,

District File Number _____

Filed 10-7-42

JAN 21 1943

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 _____

Licensed Embalmer No. 3868

P. O. Address Sidalia, 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.