

Registration District No. 74

Primary Registration District No. 4135

Registrar's No. 80-48

25
00

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

1. PLACE OF DEATH:

(a) County Clinton

(b) City or town GOWER
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community entire life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton

(c) City or town Gower
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME WILLIAM A. CHANEY

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

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

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

7. Birth date of deceased Oct 15 1864
(Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Henry Chaney

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

14. Maiden name Malinda Burnett

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

16. (a) Informant Otis A. Chaney
(b) Address Skidmore Twp.

17. (a) _____ (b) Date thereof Oct 29 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Allen Cemetery

18. (a) Signature of funeral director H. A. Sullivan
(b) Address Gower mo

19. (a) 10-29-42 (b) mo J. C. Hartel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28 ch. 15 AM.
year 1942 hour 1 minute 15

21. I hereby certify that I attended the deceased from Oct 25 ch. 1942 to Oct 28 1942 that I last saw him alive on Oct 27 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy

Due to _____

Due to 830

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature J. C. Staska (M. D. or other) _____
Address _____ Date signed 10-29-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

H. A. Sullivan

Licensed Embalmer No.....

1238

P. O. Address.....

Shreveport, La.

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.