. No. 2
1—5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 9 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

2399

State File No. .....

Registration District No. 144 | Primary Registration District No. 4234 | Registrar's No. 2

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

1. PLACE OF DEATH:
(a) County: Iron
(b) City or town: Ironton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Iron
(c) City or town: Rural ; Arcadia
(If outside city or town limits, write "RURAL")
(d) Street No.: 3 miles South East of Arcadia
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: William Alton Chasten
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Bell Chasten
6. (c) Age of husband or wife if alive: 61 years
7. Birth date of deceased: December (Month) 25 (Day) 1875 (Year)

8. AGE: Years 67 | Months 0 | Days 25 | If less than one day ..... hr. ..... min.

9. Birthplace: Lincoln County (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: farmer
11. Industry or business .....
MOTHER. FATHER
12. Name: Robert Chasten
13. Birthplace: unknown (City, town, or county) Ky. (State or foreign country)
14. Maiden name: Sarah Williams
15. Birthplace: unknown (City, town, or county) Mo (State or foreign country)
16. (a) Informant: Mrs. Bell Chasten
(b) Address: Arcadia Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 1-21-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Arcadia Mo.
18. (a) Signature of funeral director: Norman White & Sons
(b) Address: S. J. White Ironton Mo.
19. (a) 1-23-43 (Date received local registrar) (b) Virginia R. Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: JANUARY day: 19TH year: 1943 hour: 8 00 minute: 30 A.M.
21. I hereby certify that I attended the deceased from Jan. 19th, 1943 to Jan. 19th, 1943 that I last saw him alive on Jan. 19th, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: acute cardiac failure — Duration: 1/19/43
Due to: Diabetes mellitus ??
(a) Gangrene of Right Leg.
(b) chronic nephritis.
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury .....
23. Signature: R. E. Harland M. D.
Address: Ironton Mo. Date signed: 1/23/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 243-1709

Date Filed 2-8-43

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 Arcel J. White

Licensed Embalmer No. 3012

P. O. Address Smithton 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.