S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 9 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 3020

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 7

**1. PLACE OF DEATH:**

(a) County Pemiscot.
(b) City or town Hayti.
(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 No. (Specify whether
In this community 25 years.
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 78

(a) State Missouri (b) County Pemiscot. 2
(c) City or town Hayti. 1
(If outside city or town limits, write "RURAL")
(d) Street No. Not Known.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Luliza Chaney.

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

4. Sex Female
5. Color or race White /
6. (a) Single, widowed, married, divorced Single. 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June. (Month) 22 (Day) 1862 (Year)

8. AGE: Years 80 Months 5 Days 22 If less than one day hr. min.

9. Birthplace Puliski County. (City, town, or county) Illinois. (State or foreign country) /
10. Usual occupation Housekeeper.
11. Industry or business Above.

FATHER
12. Name Dave Chaney.
13. Birthplace Henderson (City, town, or county) Kentucky. (State or foreign country) /

MOTHER
14. Maiden name Judith West
15. Birthplace Ashland (City, town, or county) Kentucky. (State or foreign country) /

16. (a) Informant Mrs. M. L. King.
(b) Address Hayti, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-43 (Month) (Day) (Year)
(c) Place: burial or cremation Caruthersville, Mo.
18. (a) Signature of funeral director LaForge, Und, Co.
(b) Address Caruthersville, Mo.
19. (a) Feb. 1-1943 (Date received local registrar) (b) George Klinkhardt (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January day 13
year 1943. hour 9 minute P. M.
21. I hereby certify that I attended the deceased from Jan 1 1943 to Jan 13 1943;
that I last saw her alive on Jan 12 1943
and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Cerebral hemorrhage | 1 wk. |
| Left hemiplegia | |
| Due to arteriosclerotic | |
| Hypertension | |
| Due to | |
| Other conditions Timely 83a (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
Signature A. Shirey M.D. (M.D. or other)
Address Hayti, Mo. Date signed 1-23-43

1327

(Licensed Embalmer's Statement on Reverse Side)

1-11-43

## 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.....

NOT EMBALMED Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**