V. S. No. 2
50M—9-4-41
Rev. 5-17-39

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

13504

State File No. .....

MAY 11 1943

Registration District No. 1 — Primary Registration District No. 3000 — Registrar's No. 90

1. PLACE OF DEATH:
(a) County: Adair County
(b) City or town: Kirksville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Adair Co. 3 Court Home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... In this community 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: adair
(c) City or town: Kirksville (If outside city or town limits, write "RURAL")
(d) Street No.: 1506 N. main st. (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Bert Chafty
3. (b) If veteran, name war: World war No 1
3. (c) Social Security No.: 491-14-2442

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: April (Month) 6 (Day) 1885 (Year)

8. AGE: Years 58 | Months — | Days 3 | If less than one day — hr. ..... min.

9. Birthplace: Macon county (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Miner and War Veteran
11. Industry or business: .....

MOTHER FATHER
12. Name: Frank Chafty
13. Birthplace: France (City, town, or county) 5 (State or foreign country)
14. Maiden name: Laura Cox
15. Birthplace: Macon county (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. Laura Bell Hall
(b) Address: 1506 N. main St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/11/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Novinger Mo.
18. (a) Signature of funeral director: Sumners & Powell
(b) Address: Kirksville, Missouri
19. (a) 4/11/43 (Date received local registrar) (b) Mrs. L. Wagner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month april day 9 year 1943 hour 1 minute ..... P.M.
21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...; that I last saw h... alive on ..... 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Cronic Myocarditis — *Duration*
Due to: .....
Due to: 930
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: W. E. Summers Coroner (M. D. or other)
Address: Kirksville Date signed 4/10/43

1149 (Licensed Embalmer's Statement on Reverse Side)

MAY 12 1943

RECEIVED
District Health Officer No. 10
District File Number 5-43-804
Date Filed MAY 10 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 W. C. Summers

Licensed Embalmer No. 2159

P. O. Address Tinkersville

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.