

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED AUG 7 1943

Registration District No. 24

Primary Registration District No. 4035

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Rockville  
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

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

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

(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country

3. (a) PRINT FULL NAME JULIA ANN CHASTAIN

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16  
year 1943 hour 3 minute 30 P.M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Daniel Roland Chastain

6. (c) Age of husband or wife if alive... years 17 1/2 1865  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1940 to July 16 1943  
that I last saw her alive on July 16 1943  
and that death occurred on the date and hour stated above.

7. Birth date of deceased. January 17 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 5 29 hr. min.

Immediate cause of death Cerebral Hemorrhage Duration 1 week

Due to arteriosclerosis 10 yrs

Due to 131

9. Birthplace Henry County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

Other conditions Chronic nephritis 5 yrs  
(Include pregnancy within 3 months of death)

11. Industry or business

12. Name Wheaton Pumps

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

14. Maiden name Mary R. Pumphrey

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

Major findings: Of operations none performed

Of autopsy none performed

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Delmar Steiner

(b) Address Rockville, Mo.

17. (a) Burial (b) Date thereof July 18, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jeffco Cemetery

18. (a) Signature of funeral director Frank Lee

(b) Address Asheton City, Mo.

19. (a) July 16 (b) Mrs. Wilbert Steiner  
(Date received local registrar) (Registrar's signature)

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) Means of injury

23. Signature M. O. Gjerkke (M. D. or other) D.O.  
Address Rockville, Mo. Date signed 7/17/43

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

700

1302

RECEIVED

District Health Officer No. 7,

District File Number 7-43-776

Date Filed 8-6-43

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 Me

on the 15<sup>th</sup> day of July 1943

Registered Apprentice No. \_\_\_\_\_

-working under my personal supervision.

Signed Frank Lee

R

Licensed Embalmer No. 1099

P. O. Address Appleton City, Wis.

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.