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 AUG 32 1943

Registration District No. 238

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4501

State File No. 26312

Registrar's No.

1. PLACE OF DEATH:
(a) County: Stoddard
(b) City or town: Bloomfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Dr. R. S. Davis Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Less than hour. (Specify whether
In this community: 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 103
(a) State: Missouri. (b) County: Stoddard 2
(c) City or town: Bloomfield 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: CECIL C. CHANDLER

3. (b) If veteran, name war: ----

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: Mrs. Naomi Chandler

6. (c) Age of husband or wife if alive: 32 years

7. Birth date of deceased: Nov. (Month) 9 (Day) 1906 (Year)

8. AGE:

Years	Months	Days	If less than one day
36	8	8	hr. -- min.

9. Birthplace: ------ (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation: Farm Credit Adm.

11. Industry or business:

FATHER
12. Name: Hugh B. Chandler
13. Birthplace: ----- (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name: Lura Melton
15. Birthplace: ------ (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant: Naomi Chandler
(b) Address: Bloomfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 20, 43 (Month) (Day) (Year)
(c) Place: burial or cremation: Dexter, Missouri.

18. (a) Signature of funeral director: Chiles Mortuary
(b) Address: Bloomfield, Missouri.

19. (a) 8/3/1943 (Date received local registrar) (b) Pearl Elmore (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17th year 1943 hour 9:30 minute P. M.

21. I hereby certify that I attended the deceased from July 17, 1943 to July 17, 1943 that I last saw him alive on July 17, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CORONARY OCCLUSION	
Due to ARTERIO SCLEROSIS OF CORONARY VESSELS	
Due to	
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: D. S. Davis M.D. (M.D. or other)
Address: BLOOMFIELD Date signed 7-21-43

1 1 1150

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 843-986
Date Filed 8-9-43

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 Lewis B. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.