

AUG 26 1943

State File No. _____

Registration District No. 245

Primary Registration District No. 5836

Registrar's No. 76

1. PLACE OF DEATH:

(a) County **Newton**
(b) City or town **RURAL Neosho Twp. MO.**
(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 **2, Months** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Newton**
(c) City or town **Rural Neosho MO. R # 4** (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Florence Alta, Chancellor**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **ED, Chancellor** 6. (c) Age of husband or wife if alive, _____ years

7. Birth date of deceased **Aug, 28 1883**
(Month) (Day) (Year)

8. AGE: Years **59** Months **11** Days **10** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Housekeeper**

11. Industry or business _____

MOTHER FATHER { 12. Name **W. W. Testerman**
13. Birthplace **Missouri**
14. Maiden name **Hannah, Deal**
15. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **ED, Chancellor**

(b) Address **Neosho MO. R # 4**

17. (a) **Burial** (burial, cremation, or removal) (b) Date thereof **8, 11, 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **Oakwood Cemetery**

18. (a) Signature of funeral director **Charles Williams**

(b) Address **Goodman mo.**

19. (a) **8-13-1943** (Date received local registrar) (b) **Corey Thompson** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **10th**, year **1943** hour **5** minute **40 A.** M.

21. I hereby certify that I attended the deceased from **April 1**, 19**43**, to **Aug 10**, 19**43**
that I last saw h. _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Liver** Duration _____

Due to _____

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature **J. Reynolds** (M. D. or other) **M.D.**

Address **Neosho MO** Date signed **8-13-43**

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

7300

1110

RECEIVED
DISTRICT HEALTH OFFICER
DISTRICT #10 NUMBER 843-162
Date EXAM 8-24-43
8-23-43

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.....

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.