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M-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34660**
Registrar's No. **92**

Registration District No. **120**

Primary Registration District No. **5450**

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

1. PLACE OF DEATH:

(a) County Gentry - Miller Jwp

(b) City or town Darlington Mo. RR #1.
(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)

In this community 3 years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Gentry. **38**

(c) City or town Darlington, Mo. R.R. # 1. **0**
(If outside city or town limits, write "RURAL") **0**

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

(e) Citizen of foreign country? NO (Yes or No) **0**

If yes, name country _____

3. (a) PRINT Francis A. Chatfield.
FULL NAME

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

name war _____ No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years _____ months _____ days _____ (Year)

7. Birth date of deceased Aug. 29 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Fulton Co. Ohio. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Teacher.

11. Industry or business 25 "

12. Name J.L. Chatfield.

13. Birthplace Ohio. 1
(City, town, or county) (State or foreign country)

14. Maiden name Clorenda Richards.

15. Birthplace Tenn. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Effie Chatfield.

(b) Address Darlington, Mo. R.R. #1.

17. (a) Burial. (b) Date thereof 10.16.1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ford City, Mo.

18. (a) Signature of funeral director R. H. Taggart.

(b) Address King City Mo.

19. October 16-1943 (Date received local registrar) Harner W. Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14. year 1943 hour 9 minute _____ P.M.

21. I hereby certify that I attended the deceased from July 31, 1943 to Oct 14, 1943 that I last saw her alive on Oct 14 and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation cerebral hemorrhage

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) g3a!

Major findings: Of operations _____

Of autopsy _____

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) (c) Means of injury _____

23. Signature Jack Barnes (M. D. or other) **200**

Address King City, Mo Date signed 10/15/43

Duration 3 1/2 mos

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.....

R. G. Taggart

Licensed Embalmer No. *2563*

P. O. Address *King City 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.