

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35121

State File No.

NOV 6 1943 / 81

Registration District No.

Primary Registration District No. 5875-

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Lincoln

(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Hurricane Dep
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lincoln 0570

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Richard G. Chandler

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

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

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years

7. Birth date of deceased May 1 1892
(Month) (Day) (Year)

8. AGE: Years 51 Months 4 Days 11 If less than one day hr. min.

9. Birthplace Lincoln Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name A. E. Chandler

13. Birthplace Lincoln Co MO
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Gladney

15. Birthplace Lincoln Co MO
(City, town, or county) (State or foreign country)

16. (a) Informant Eric Chandler

(b) Address Rural Ill

17. (a) Rural (b) Date thereof Sept 14-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Astbury Cemetery

18. (a) Signature of funeral director W Bradley

(b) Address Elsherry MO

19. (a) Oct 21 1943 (b) G. Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12
year 1943 hour 10 minute 00 A.M.

21. I hereby certify that I attended the deceased from August 11-1943
to September 12, 1943
that I last saw him alive on Sept. 12, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Prostate 18 min.

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. B. Hoegen (M. D. or other) M.D.
Address W. H. ... Date signed 9/12-43

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

700

MOTHER FATHER

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 H Bradley.....

Licensed Embalmer No. 3966.....

P. O. Address Ed Henry.....

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.