

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41917**

FILED JAN 8 1943

Registration District No. **194**

Primary Registration District No. **5231**

Registrar's No. **217**

1. PLACE OF DEATH:

(a) County **Cass**
(b) City or town **Rural - Sherman**
(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 _____ (Specify whether

In this community **75 years**

3. (a) PRINT FULL NAME **Robert Henry 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 **Lucy H. Chandler** 6. (c) Age of husband or wife if alive **64** years

7. Birth date of deceased **82** **8** **18**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 **8** **18** hr. _____ min.

9. Birthplace **Sharon Center Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **R. H. Chandler**

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

14. Maiden name **Kennedy Hilliard**

15. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Horace Coe**

(b) Address **Adessa Mo.**

17. (a) **Burial** (b) Date thereof **12-31-1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Dayton**

18. (a) Signature of funeral director **Robert Arnold**

(b) Address **Creshton Mo. Valle**

19. (a) **12-31-43** (b) **Margaret Valle**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Cass**

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

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

(e) If foreign born, how long in U. S. A.? **0** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **29**
year **1943** hour **9 PM** minute _____

21. I hereby certify that I attended the deceased from **Dec 27 1943**
43 to **Dec 29 1943**
that I last saw him alive on **Dec 29 43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Heart failure**

Due to **Influenza**

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **330**

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) (e) Means of injury _____

23. Signature **Frank B Ellis** (M. D. or other)

Address **Golden City Mo** Date signed **Dec 31**

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

FATHER
MOTHER

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 Robert Arnold

Licensed Embalmer No. 3621

P. O. Address Creighton, 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, above space should be left blank.