

FILED MAR 11 1944

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 7248

Registration District No. 132

Primary Registration District No. 3021

Registrar's No. 224

1. PLACE OF DEATH
 (a) County Grundy
 (b) City or town TRENTON
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
525 East 17th St
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 49 years (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Grundy
 (c) City or town TRENTON
 (If outside city or town limits, write "RURAL")
 (d) Street No. 525 East 17th St
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Ethel Jane Chandler
 3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife James F. Chandler 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sex 16, 1894
 (Month) (Day) (Year)

8. AGE: Years 49 Months 5 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Homemaker
 11. Industry or business Home

MOTHER FATHER
 12. Name IRA Hopkins
 13. Birthplace Indianapolis
 (City, town, or county) (State or foreign country)
 14. Maiden name MARY Merrill
 15. Birthplace Grundy County Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant James F. Chandler
 (b) Address Denton, Mo.

17. (a) Burial (b) Date thereof 2-29-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Grundy County, Miss. County

18. (a) Signature of funeral director Raymond A. Harris
 (b) Address Denton, Mo.

19. (a) 2-26-44 (b) L. S. Roberts
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb day 25
 year 1944 hour 7:30 minute P M.
 21. I hereby certify that I attended the deceased from Feb 6, 1944, to Feb 25, 1944
 that I last saw her alive on Feb 22, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pulmonary Tuberculosis
 Due to Bacillus Tuberculosis
 Due to Contact with the infecting bacteria
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations 13 fl
 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) (c) Means of injury _____
 23. Signature O. B. Rooks (M. D. or other)
 Address Denton, Mo. Date signed 2/26/44

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

40
1
2

1/14
24

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.....

Myself

....., Registered Apprentice No.....

working under my personal supervision.

Signed: *Rafael A. Davis*

Licensed Embalmer No... *3424*

P. O. Address... *Denton, 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.