S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7653

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 295

1. PLACE OF DEATH:

(a) County Linn

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

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

(d) Length of stay: In hospital or institution 7 hrs (Specify whether
In this community 36 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon 61

(c) City or town Laplata 2
(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)

If yes, name country 1

3. (a) PRINT FULL NAME Denzil Clyde Chadwick

3. (b) If veteran, name war —

3. (c) Social Security No. 510-01-0318

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dena Fern Chadwick

6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased Jan (Month) 11 (Day) 1936 (Year)

8. AGE: Years 38 Months 1 Days 5 If less than one day ___ hr. ___ min.

9. Birthplace Macon Co Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation Employer Sinclair Crane P. Line

11. Industry or business

FATHER
12. Name Erskine Chadwick
13. Birthplace Mo (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Rosalia Craig
15. Birthplace Mo (City, town, or county) 0 (State or foreign country)

16. (a) Informant Dena Fern Chadwick

(b) Address LaPlata Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 20-1944 (Month) (Day) (Year)

(c) Place: burial or cremation LaPlata Mo

18. (a) Signature of funeral director Dis Christie

(b) Address LaPlata Mo

19. (a) 2-21-1944 (Date received local registrar) (b) W W Cannon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day 17 year Feby hour 11 minute 30 P M.

21. I hereby certify that I attended the deceased from Feby 17, 1944 to Feby 17, 1944; that I last saw him alive on Feb 17, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Angina pectoris

Due to Coronary thrombosis

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 94a

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature P. L. Patrick (M. D. or other)

Address Marceline Mo Date signed 2-18-44

(Licensed Embalmer's Statement on Reverse Side)

MAY 4 1944

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 D. S. Christie

Licensed Embalmer No. 1109

P. O. Address La Plata 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.