

S. No. 2
OM-5-43
v. 5-17-39
I X36671

FILED MAR 23 1944

Registration District No. 239

Primary Registration District No. 5825

1. PLACE OF DEATH:

(a) County New Madrid

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

(c) Name of hospital or institution:
Home of J.D. Medical New Madrid County
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Coma 1 1/2 wks
(Specify other)

In this community Few days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County New Madrid

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

(d) Street No. New Madrid County Address Malden
(If rural, give location)

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

3. (a) PRINT FULL NAME James J Chilton

3. (b) If veteran name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23
year 1944 hour 12:30 minute 9 M.

21. I hereby certify that I attended the deceased from
Jan. 4, 44 1944 to Feb. 23 1944
that I last saw him alive on Feb. 20 1944
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Opal Chilton

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased Jan. 23 - 1916
(Month) (Day) (Year)

Immediate cause of death:
Metastasis from Ovarian star-
coma involving left scapula

Duration 3 mos

8. AGE: Years 28 Months 1 Days -
If less than one day hr. _____ min. _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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

10. Usual occupation Farmer & Labor

11. Industry or business _____

12. Name William Chilton

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

14. Maiden name Malden M.C. Cornish

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

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? _____ (c) Means of injury _____

16. (a) Informant Ed M Chilton

(b) Address Mo. Brasley Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-24-44
(Month) (Day) (Year)

(c) Place: burial or cremation Home of J.D. Medical

18. (a) Signature of funeral director Landess Funeral Home

(b) Address Camp Hill Mo.

19. (a) Feb 26/44 (Date received local registrar) (b) Mo. S.B. Rademaker (Registrar's signature)

23. Signature W. J. Rademaker (M. D. or other) 4/27

Address Camp Hill Mo. Date signed 2/23/44

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

72
0
0

MOTHER FATHER

APR 10 1944

RECEIVED

District Health Office No. 2,

District File Number 344-466

Date Filed 3-9-44

JUN 22 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.....

Christina M. Lander

Licensed Embalmer No. 4227

P. O. Address.....

Campbell, 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.