

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9729**  
Registrar's No. **1575**

FILED APR 15 1944

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **5220 Quincy**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **11 years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5220 Quincy**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Andrew Lee Chandler**

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

4. Sex **Male** 5. Color or race **Wh.** 6. (a) Single, widowed, married, divorced **-- 0**

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

7. Birth date of deceased **December 28 1932**  
(Month) (Day) (Year)

8. AGE: Years **11** Months **3** Days **10** If less than one day hr. min.

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

10. Usual occupation **at school**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Andrew Chandler**  
13. Birthplace **Hartville Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Alice M. Boggs**  
15. Birthplace **Denver Colorado**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Andrew Chandler**

(b) Address **5220 Quincy**

17. (a) **Burial** (b) Date thereof **April-11-1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **Bentley Mortuary**

(b) Address **5811 Troost**

19. (a) **4-9-44** (b) **T. E. Brown**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **8** year **1944** hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_; that I last saw him \_\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Pulmonary Edema**  
Due to **Drowning**

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) **12-7**  
**1036**

Major findings: Of operations \_\_\_\_\_  
Of autopsy **Inspection History**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **Accident 123**  
(b) Date of occurrence **April 8, 1944**  
(c) Where did injury occur? **Kansas City Mo**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place (in public place?)

While at work? **No** (Specify type of place) (b) Means of injury **Drowning**

23. Signature **A. E. Usher** (M. D. or other) **M.D.**  
Address **23 Mc Coy** Date signed **4/9/44**

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**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 Guy Buffington

Licensed Embalmer No. 2756

P. O. Address K C 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.**