

FILED APR 19 1944

State File No. \_\_\_\_\_

Registration District No. 167

Primary Registration District No. 4261

Registrar's No. 174

1. PLACE OF DEATH:

(a) County KNOX  
(b) City or town HURDLAND  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 6 yrs years, months or days

3. (a) PRINT FULL NAME GEORGE A. CHADNICK

3. (b) If veteran, name war ✓ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased MAY 15 1860  
(Month) (Day) (Year)

8. AGE: Years 83 Months 9 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace KNOX COUNTY MO  
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED LABORER

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

12. Name JOHN M. CHADNICK

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

14. Maiden name JANE COPPERS

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

16. (a) Informant John Boone

(b) Address Brushwood Mo

17. (a) burial (b) Date thereof May 8 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brushwood Cemetery

18. (a) Signature of funeral director Scott E. Saly Jr.

(b) Address Hurdland Mo

19. (a) 3-23-44 (b) Milk Northcutt  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County KNOX  
(c) City or town HURDLAND  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 6th  
year 1944 hour 2:45 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from May 5  
1944 to May 6 1944

that I last saw him alive on Mar 6 1944  
and that death occurred on the date and hour stated above

Immediate cause of death Failure Digestive tract  
failure

Due to Pulmonary hypertension R.

Due to arterial sclerosis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_  
Of autopsy III A

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 1

23. Signature Wm. W. Flager (M. D. or other) W.D.  
Address Hurdland, Mo Date signed 3/24/44

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

*Myerson  
Hansen  
Gardner*

**RECEIVED**

District Health Officer No. 10

District File Number 4-44-825

Date Filed APR 14 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

*George B. Early Jr*

Licensed Embalmer No. 3955

P. O. Address Huddland

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.