. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 14 1944

Registration District No. 172

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18567

Primary Registration District No. 5708 4306

Registrar's No.

1. PLACE OF DEATH:

(a) County ##########MCDonald

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

(c) Name of hospital or institution:
Goodman MO.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 12 Yrs.

2. USUAL RESIDENCE OF DECEASED

(a) State Missouri (b) County MCDonald 60

(c) City or town Goodman 0
(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 0

3. (a) PRINT FULL NAME GENEVIEVE CHANCELLOR

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 5th, (Day) 1910 (Year)

8. AGE: Years 34 Months 3 Days 1 If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name Arthur Sheldon
13. Birthplace (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Claud Chancellor
(b) Address Goodman MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-6-1944 (Month) (Day) (Year)
(c) Place: burial or cremation ######Howard Cemetry

18. (a) Signature of funeral director Chas. W. Williams
(b) Address Goodman MO.

19. (a) 6-6-44 (Date received by local registrar) (b) Mrs. C. W. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6th, year 1944 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from Jan 4, 1944 to June 6, 1944 that I last saw h alive on , 19 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus and adjacent tissues — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) HSP

Major findings:
Of operations

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature C. D. James (M. D. or other) D.O.
Address Goodman Mo Date signed 6-7-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 3
District File Number 644-732
Date Filed JUN 12 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.....

Licensed Embalmer No.....

P. O. Address.....

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.