

FILED JUL 31 1944

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6508

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution
St. Anthony's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Crawford
 (c) City or town Salem
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Nancy Caroline Chumley
 (b) If veteran, name war None
 (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 23
 year 1944 hour 7:00 minute A. M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife W.D. Chumley
 (c) Age of husband or wife if alive 71 years
 7. Birth date of deceased October 15 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 19 to July 23 1944
 that I last saw him alive on July 21 1944
 and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 9 Days 8
 If less than one day _____ hr. _____ min.

Immediate cause of death
Nephritic changes
Renal cases anaemia
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Syphilitic
 Of operations _____
 Of autopsy Congestive Heart failure
Acute Arteriosclerotic Kidney

Duration
10 yrs +
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

9. Birthplace Shannon County Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

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 _____

MOTHER FATHER
 11. Industry or business _____
 12. Name Jasper Plank
 13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Eliza Welch
 15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
 16. (a) Informant Cammie Carty
 (b) Address Bangert, Mo.
 17. (a) Burial (b) Date thereof 7-26-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Salem, Missouri
 18. (a) Signature of funeral director Albert H. Hoppe
 (b) Address 4700 Washington Blvd.
 19. (a) JUL 24 1944 J. F. Bunch
(Date received local registrar) (Registrar's signature)

23. Signature Robert E. Warner (M. D. or other) M.D.
 Address Paul Brown Bldg Date signed July 24 1944

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

OCT 2 1941

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

John Ogonski

Licensed Embalmer No. *2398*

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.