

FILED AUG 3 1944  
Registration District No. 223

Primary Registration District No. 4335

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Moniteau

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

(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution --- (Specify whether)

In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 68

(c) City or town Tipton (If outside city or town limits, write "RURAL") 2

(d) Street No. No street numbers (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country Native 0

3. (a) PRINT FULL NAME Elizabeth Chinault

3. (b) If veteran, name war No

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Negro

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 April, 17, 1899  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8th year 1944 hour 4 minute 40 P.M.

21. I hereby certify that I attended the deceased from 6/17, 1944 to 7/8, 1944 that I last saw her alive on 7/7, 1944 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>45</u>	<u>2</u>	<u>21</u>	hr. _____ min. _____

Immediate cause of death Thyrototoxicosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Duration 3 weeks

9. Birthplace Fortuna, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation Housekeeper

11. Industry or business Public

Other conditions (include pregnancy within 3 months of death) 636

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Jerry Chinault

13. Birthplace Cooper County, Missouri (City, town, or county) (State or foreign country)

14. Maiden name Betty Howard

15. Birthplace Moniteau County, Missouri (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? \_\_\_\_\_

16. (a) Informant Rosa Chinault  
(b) Address Tipton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/11/44  
(Month) (Day) (Year)

(c) Place: burial or cremation Tipton, Mo.

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

23. Signature J. J. Potts (M. D. or other) MJ  
Address TIPTON, Mo. Date signed 7-8-44

18. (a) Signature of funeral director George E. Richards  
(b) Address Tipton, Mo.

19. (a) Date received local registrar July 11/44 (b) Mrs. Vera Ferguson (Registrar's signature)

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

68  
20

RECEIVED

District Health Officer No. 9,

District File Number \_\_\_\_\_

Date Filed 8-2-44

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 me

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Jessie E. Richards

Licensed Embalmer No. 2466

P. O. Address Lipton, 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.