

FILED SEP 10 1944

Registration District No. 331

Primary Registration District No. 6113 4486

Registrar's No.

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

1. PLACE OF DEATH: *Scott Benton Mo*
 (a) County *Scott*
 (b) City or town *Benton Mo*
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: *—*
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution *78 yrs.* (Specify whether years, months or days)

3. (a) PRINT FULL NAME *Ed. Thos E. Chuning*
 (b) If veteran, name war *—*
 (c) Social Security No. *—*

4. Sex *Male* 5. Color or race *White* 6. (a) Single, widowed, married, divorced *Widowed*
 (b) Name of husband or wife *Thos Chuning* (c) Age of husband or wife if alive *—* years
 7. Birth date of deceased: *Sept 8 1866*
 (Month) (Day) (Year)

8. AGE: Years *77* Months *11* Days *3* If less than one day hr. min.

9. Birthplace *Benton Mo*
 (City, town, or county) (State or foreign country)

10. Usual occupation *Farming*

11. Industry or business *—*

MOTHER FATHER
 12. Name *Andrew Chuning*
 13. Birthplace *Virginia*
 (City, town, or county) (State or foreign country)
 14. Maiden name *Edwilla Hamilton*
 15. Birthplace *Scott Knox*
 (City, town, or county) (State or foreign country)

16. (a) Informant *W. J. Sutton*
 (b) Address *Okemah City Okl.*

17. (a) *Scorial* (b) Date thereof *Aug 19 1944*
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Pollard*
 18. (a) Signature of funeral director *Biggins + Hubbard*
 (b) Address *Chaffee Mo*

19. (a) *Aug. 12 1944* (b) *Leona Timmstein*
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: *100*
 (a) State *Mo* (b) County *Scott*
 (c) City or town *Benton*
 (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? (Yes or No) *0*
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Aug* day *11* year *1944* hour *7* minute *—* P.M.

21. I hereby certify that I attended the deceased from *Aug. 1st* 19*44* to *Aug 11* 19*44*
 that I last saw him alive on *Aug 10* 19*44*
 and that death occurred on the date and hour stated above.

Immediate cause of death *Hemiplegia* Duration *12 days*
 Due to *Clot In brain* *14 days*
 Due to *arteriosclerosis*
Hypertension

Other conditions (Include pregnancy within 3 months of death)
 Major findings: *\$30*
 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? (N) Means of injury
 23. Signature *G. D. Ferguson* (M. D. or other)
 Address *Benton Mo* Date signed *8/12-44*

RECEIVED

District Health Office No. 2,

District File Number 944-1221

Date Filed 9-2-44

NOV 26 1945

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 Glenn Wilson

Licensed Embalmer No. 2828

P. O. Address Jackson 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.