

FILED SEP 25 1944
128

State File No. _____
Registrar's No. 727

Registration District No. _____ Primary Registration District No. 5466

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Rural, Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Ozark Osteopathic Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 11 Hours
(Specify whether
In this community: 11 Hours
years, months or days)

3. (a) PRINT FULL NAME Oscar E. Chism

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lillie Hayward 6. (c) Age of husband or wife if alive UNK. years

7. Birth date of deceased: Feb. 18 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	60	6	18	hr. min.

9. Birthplace Cedar County (Missouri)
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name William Chism

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

14. Maiden name Diana Underwood

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

16. (a) Informant Harlan Chism

(b) Address Fair Play, Mo.

17. (a) Burial (b) Date thereof 9/8/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lindley Prairie Cem.

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 9-7-44 (b) W.S. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk
(c) City or town Fair Play
(If outside city or town limits, write "RURAL")
(d) Street No. Route # 2
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6
year 1944 hour 3 minute 25 a. M.

21. I hereby certify that I attended the deceased from Sept. 5, 1944
19 Sept. 6, 19 44
that I last saw him alive on Sept. 6, 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion

Due to _____
Due to _____
Other conditions: 94a
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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)
(or) Means of injury 2

23. Signature William P. Handley (M. D. or 6619)
Address Springfield, Mo. Date signed 9/6/44

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

MOTHER FATHER

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

Paul F. Stevens

Licensed Embalmer No.

24570

P. O. Address

Springfield

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.

J