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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JAN 5 1945

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41604  
Registrar's No. 337

Registration District No. 209

Primary Registration District No. 3043

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Lindell and Market St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 1 day (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Charles Chaney

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

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

6. (b) Name of husband or wife Dorothy B. Chaney 6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased November 4, 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 11 22 hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name George Chaney Sr.

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

14. Maiden name Nancy Johnson

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

16. (c) Informant Dorothy B. Chaney

(b) Address R R # 1, Hull, Illinois

17. (a) Burial (b) Date thereof Oct. 29, 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Schwartz Funeral Home

(b) Address 1000 Broadway, Hannibal, Mo.

19. (a) Oct 31-1944 (b) R. H. Conner  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Pike 999  
(c) City or town Rural (If outside city or town limits, write "RURAL") 1/6  
(d) Street No. Rural Route No 1 (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26  
year 1944 hour 5 minute 15 p. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death We the jury find the deceased  
Charles Chaney came to his death from causes  
unknown to the jury after a fight with Ed.  
Harding on the corner of Lindell Ave. &  
Market St. in City of Hannibal, Mo. on the  
26 th day of October, 1944

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_  
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED  
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) fight ✓

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? Hannibal Marion Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Street

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

23. Signature W. M. Smith (M. D. or other) Coroner

Address 402 Broadway Hannibal Mo Date signed \_\_\_\_\_

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

1146

(Licensed Embalmer's Statement on Reverse Side)

JAN 22 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 Jack H. Gulen

Licensed Embalmer No. 4110

P. O. Address Hannibal, Missouri

**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.**

Registration District No. 209

Primary Registration District No. 3043

1. PLACE OF DEATH:

(a) County Monroe  
(b) City or town Hannibal  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ (years, months or days)

3. (a) PRINT FULL NAME

Charles Chaney

3. (b) If veteran, name war \_\_\_\_\_

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 2/27 (Month) 27 (Day) 1906 (Year)

8. AGE: Years 61 Months 11 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name \_\_\_\_\_  
13. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant \_\_\_\_\_  
(b) Address \_\_\_\_\_  
17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal)  
(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address \_\_\_\_\_  
19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ Day \_\_\_\_\_ Year 1944 Hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ days on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above, immediate cause of death \_\_\_\_\_

Verdict of the Jury; We the jury find that Charles Chaney came to his death Due to \_\_\_\_\_ from causes unknown to the Jury after a fight with Ed Harding on the \_\_\_\_\_ corner of Lindell and Market Street in the city of Hannibal Mo. Other conditions \_\_\_\_\_ on the 26th day of October (Include pregnancy within 3 months of death)

1944  
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) Accident  
(b) Date of occurrence 10/26/44  
(c) Where did injury occur? Lindell & Market (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place  
While at work? No (Specify type of place) \_\_\_\_\_ (e) Means of injury Not known  
23. Signature Wm M Smith (M.D. or other) \_\_\_\_\_  
Address 902 Broadway Hannibal Date signed 1/6/45

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

SUPPLEMENTARY

S-41604 1944