

FILED FEB 8 1945

Registration District No. 273

Primary Registration District No. 6266

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

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Rural - High Prairie township  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: X

(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution X

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster

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

(d) Street No. High Prairie township  
(If rural, give location)

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

3. (a) PRINT FULL NAME Malissa Florentine Chandler

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21  
year 1945 hour 5 minute 30 p.M.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife X

6. (c) Age of husband or wife if alive X years

7. Birth date of deceased December - 4 - 1876  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1, 1945, to Jan 21, 1945, that I last saw her alive on Jan 21, 1945, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>1</u>	<u>17</u>	<u>X</u> hr. <u>3</u> min.

Immediate cause of death Double fatal pneumonia

Due to fever

Due to fever

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

10. Usual occupation Housewife

Other conditions (include pregnancy within 3 months of death)

Major findings: 108

Of operations

Of autopsy

11. Industry or business Home

12. Name James D. Chandler

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

14. Maiden name Sarah A. Gardner

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Walter Chandler (brother)

(b) Address Elkland, Missouri

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 1-23-45  
(Month) (Day) (Year)

(c) Place: burial or cremation Macedonia

18. (a) Signature of funeral director Loy Rainey

(b) Address Marshfield, Missouri

19. (a) Feb. 1-45 (Date received local registrar)

(b) Charlotte Bruce (Registrar's signature)

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)

(e) Means of injury \_\_\_\_\_

23. Signature W. F. Schuch (M. D. or other)

Address Memphis Date signed 2-7-45

1344

RECEIVED

District Health Officer No. 6,

District File Number 245-170

Date Filed FEB 6 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 \_\_\_\_\_

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.