

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAR 13 1945**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5978**  
Registrar's No. **8**

Registration District No. **96** Primary Registration District No. **4158**

**1. PLACE OF DEATH:**  
(a) County **Dallas**  
(b) City or town **Buffalo**  
(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 **life** years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **Dallas**  
(c) City or town **Buffalo** 30  
(If outside city or town limits, write "RURAL")  
(d) Street No. **0**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **HATTIE ARSENTH CHANCE**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Walter** 6. (c) Age of husband or wife if alive **74** years  
7. Birth date of deceased **Jan 26 1873**  
(Month) (Day) (Year)

**8. AGE:** Years **72** Months \_\_\_\_\_ Days **27** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** **Buffalo Missouri**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **housekeeper**

**11. Industry or business**

**12. Name** **John H. Sheeter**

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

**14. Maiden name** **Fernelia Jones**

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

**16. (a) Informant** **Walter Chance**

**(b) Address** **Buffalo Mo**

**17. (a) (b) Date thereof** **2-26-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Coal house**

**18. (a) Signature of funeral director** **L B Jones**

**(b) Address** **Buffalo Mo**

**19. (a) (b) (c) (d)** **3-2-45** **L B Jones**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Feb** day **22** year **1945** hour **9** minute **55** M.  
**21. I hereby certify that I attended the deceased from** **on Feb 22, 1945**, to **1945**,  
that I last saw him alive on **Feb 22, 1945**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion** **3 hrs**  
Due to **Arterio Sclerosis**

Due to **Obesity of age**

Other conditions (include pregnancy within 3 months of death) **None**

Major findings: Of operations **None**

Of autopsy **None**

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

**23. Signature** **L B Jones** (M. D. or other) **MD**

Address **Buffalo Mo** Date signed **3-2-45**

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

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1371

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File No. 2-45-198

Date Filed 2/2-45

**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.....

*Morris B. Jones*

Licensed Embalmer No.....

*4322*

P. O. Address.....

*Buffalo, 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.**