No. 2
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X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 22 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

10200

State File No. .....

Registration District No. 211 · Primary Registration District No. 5777 · Registrar's No. 3-45

1. PLACE OF DEATH:

(a) County Miller

(b) City or town Eldon (Rural) Equality Twp
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller

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

(d) Street No. Equality Township
(If rural, give location)

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

66
0
0

3. (a) PRINT FULL NAME Henry Chalmers

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

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

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Isabell

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased December (Month) 28 (Day) 1882 (Year)

8. AGE: Years	Months	Days	If less than one day
62	1	5	..... hr. ..... min.

9. Birthplace Kinross (City, town, or county) Scotland (State or foreign country)

10. Usual occupation Building Contractor

11. Industry or business .....

FATHER
12. Name James Chalmers
13. Birthplace Edinborough (City, town, or county) Scotland (State or foreign country)

MOTHER
14. Maiden name Jane Ovens
15. Birthplace Edinborough (City, town, or county) Scotland (State or foreign country)

16. (a) Informant Mrs. Henry Chalmers
(b) Address Eldon, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Eldon, Cemetery

18. (a) Signature of funeral director Phillips Funeral Home
(b) Address Eldon, Missouri

19. (a) Feb 6-1945 (Date received local registrar) (b) Mrs. Richard L. Wright (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 3 year 1945 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from Feb 1 1945 to Feb 3 1945 and that I last saw him alive on Feb 3 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	3 days
Due to Arteriosclerosis	Several years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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) .....
(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? ..... (e) Means of injury .....

23. Signature M. E. Hupp Phys (M. D. or other) D. O.
Address Tuscumbia Mo. Date signed 2-5-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miller County Health Dep't.
County File Number 45-23
Date Filed 3-6-45

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 Louis D. Phillips, Registered Apprentice No. ..... working under my personal supervision.

Signed Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.