

FILED MAY 2 1945
Registration District No. 1

Primary Registration District No. 3004

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

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Lamar
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 41 years
(Specify whether years, months or days)

3. (a) PRINT **ELMER ELLSWORTH CHAFFIN**
FULL NAME

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Alice H. Chaffin

6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased June 9 1861
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>83</u>	<u>9</u>	<u>0</u>	hr. min.

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

10. Usual occupation Retired Carpenter

11. Industry or business

MOTHER FATHER { 12. Name Simon Chaffin

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Eva Gage

(b) Address Lamar, Missouri

17. (a) Burial (b) Date thereof March 11 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Cemetery

18. (a) Signature of funeral director KONANTZ FUNERAL HOME

(b) Address Lamar, Missouri

19. (a) 3/11/45 (b) Martha River
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

(c) City or town Lamar
(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 March day 9th
year 1945 hour 8 minute 20 A. M.

21. I hereby certify that I attended the deceased from March 9 1944 to March 9 1945
that I last saw him alive on Jan 9 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations 94%

Of autopsy _____

Duration not known

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)

Means of injury 6

23. Signature M. O. Coleman (M. D. brother)
Address Lamar, Mo. Date signed 3-9-45

1119

RECEIVED
District Health Officer No. 6,
District File Number 446-471
Date Filed APR 20 1946

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.....

Carl F. Konantz

Licensed Embalmer No. 2247

P. O. Address Lamar, 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.