

RECORDED JUL 11 1945  
Registration District No. 268

Primary Registration District No. \_\_\_\_\_

5905 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Pemisscot  
(b) City or town Portagemill P. 1 mo. Godair  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1 my  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
In this community all life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemisscot  
(c) City or town Portagemill P. 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Enger Chandler

3. (b) If veteran, name war no

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

4. Sex male

5. Color or race col.

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased July 13 1927  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>17</u>	<u>10</u>	<u>25</u>	_____hr. _____min.

9. Birthplace Hayt  
(City, town, or county)

mo. 0  
(State or foreign country)

10. Usual occupation Farming

11. Industry or business Cotton Farming

12. Name Finis Chandler

13. Birthplace Clay County  
(City, town, or county)

miss 1  
(State or foreign country)

14. Maiden name Estel Colman

15. Birthplace Wefels County  
(City, town, or county)

miss 1  
(State or foreign country)

16. (a) Informant Finis Chandler

(b) Address Portagemill P. 1 mo.

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

(b) Date thereof 6-12-45  
(Month) (Day) (Year)

(c) Place: burial or cremation Portagemill mo.

18. (a) Signature of funeral director Kubackland Co

(b) Address New Market Mo.

19. (a) 6-12-45  
(Date received local registrar)

(b) J. J. Creasy  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8  
year 1945 hour 12 minute noon M.

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

Immediate cause of death Drowned while swimming in no 8 ditch

Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

1813  
76

Of autopsy none

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 078

(b) Date of occurrence 6-8-45

(c) Where did injury occur? Portagemill P. 1 Pemisscot mo  
(City or town) (County) (State)

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

While at work? no (Specify type of place)

(e) Means of injury 3 coroner

23. Signature Jack Keller  
Address Hayt - mo

Date signed 6-10-45

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

008

6-45-132

**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.....

*Not Embalmed*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed..... *L. H. Hidyppith* .....

Licensed Embalmer No. *3803* .....

P. O. Address *New Medical Bldg* .....

**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.**