

FILED JUL 31 1945
Registration District No. 128

Primary Registration District No. 2000

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

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: 1310 N. Broadway
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 55 Years (Specify whether years, months or days)

In this community 55 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

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

(d) Street No. 1310 N. Broadway 6
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Mary Sue Chaudet

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife John A. Chaudet

6. (c) Age of husband or wife if alive Dec. 1863 years

7. Birth date of deceased Nov. 8, 1863
(Month) (Day) (Year)

8. AGE: Years 81 Months 7 Days 26
If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business _____

12. Name James Locker

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. H.L. McCann

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 7/6/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 7-6-45 (b) S. W. Handy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4 year 1945 hour 4 minute 45 a. M.

21. I hereby certify that I attended the deceased from Nov 5 1945 to July 4 1945 and that death occurred on the date and how stated above.

Immediate cause of death Carcinoma primarily of left colon

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Apical Carcinoma of left colon

Of autopsy _____

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) (a) Means of injury _____

23. Signature W. Delzell (M. D. or other) _____
Address Springfield Date signed 7/6/45

Duration _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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..... *L. Loolin Gorman*.....

Licensed Embalmer No. *3177*.....

P. O. Address *Springfield 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.

X