S. No. 2
M—2-43
. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr. Fitch

State File No. 27362

FILED AUG 31 1945

Registration District No. 130

Primary Registration District No. 5463A

Registrar's No. 77

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: Route 2, Strafford, Missouri
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

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

(d) Street No. Route 2
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Jennie Chandler

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John Chandler

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

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

8. AGE: Years 82 | Months 6 | Days 23 | If less than one day ___ hr. ___ min.

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

10. Usual occupation Housewife

11. Industry or business In Home

FATHER
12. Name Isaac Miller
13. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Nancy Spencer
15. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Mrs. Grace Comstock
(b) Address Springfield, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof August 3, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Danforth, Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

19. (a) Aug 5/45 (Date received local registrar) (b) Gerhard Harrison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1, year 1945 hour 8:20 minute P.M.

21. I hereby certify that I attended the deceased from 3-1, 1945, to 8-1, 1945 that I last saw h CL alive on 7-31, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Renal-Vascular Disease — Duration 1 yr.

Due to

Due to

Other conditions Parotid Tumor
(Include pregnancy within 3 months of death)
Arthritis

Major findings:
Of operations 57
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 Max Fitch (M. D. or other) M.D.
Address Springfield Mo Date signed 8-3-45

1246

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office,
County File Number 45-8-62
Date Filed 8-29-45

SEP 4 1945

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 Lewis G. Scharff

Licensed Embalmer No. 3802

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.