

No. 2  
1-5-43  
5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34400

FILED NOV 13 1945

State File No. ....

Registration District No. ....

Primary Registration District No. 5972

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Flemington + Union  
(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. ....  
(Specify whether

In this community 4 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84

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

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

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

If yes, name country. ....

3. (a) PRINT FULL NAME JAMES DAVID CHANEY

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 7  
year 1945 hour 1 minute 25 A.M.

21. I hereby certify that I attended the deceased from 1943 to Nov. 7, 1945;  
that I last saw him alive on Nov. 4, 1945;  
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Kitty B. Chaney

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased July 7 1873  
(Month) (Day) (Year)

Immediate cause of death Myocardial Failure Duration

Due to Myocardial Weakening

Due to .....

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

8. AGE: Years Months Days If less than one day

72 4 0 hr. min.

9. Birthplace Hickory Co. Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

12. Name William Chaney

13. Birthplace Unknown Ky. 1  
(City, town, or county) (State or foreign country)

14. Maiden name Emily Owen

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

16. (a) Informant Kitty B. Chaney

(b) Address Flemington Mo

17. (a) Burial (b) Date thereof Nov. 9 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dunnell Chapel Cem.

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

(b) Address Flemington Mo.

19. (a) Nov 9-45 (b) Martha Richardson  
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: Of operations ✓

Of autopsy 938

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) (e) Means of injury

While at work? .....

23. Signature W. D. R. Easton (M. D. or other) W. D.  
Address Waubesa, Mo. Date signed Nov 9 1945

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

MOTHER, FATHER

1-17-70 6106 2000

**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.....

*by me*

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

working under my personal supervision.

Signed.....

*E. H. P...*

Licensed Embalmer No. *4282*

P. O. Address *Humaneville, 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.**