S. No. 2
M—2-43
v. 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

State File No. 41930

FILED JAN 12 1948

Registration District No. 211 Primary Registration District No. 5829 Registrar's No. 50

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Rural Portageville Mo R.1 (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ~~3 Years~~ 1 PO Mo Mo (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid

(c) City or town Rural Portage twp (If outside city or town limits, write "RURAL")

(d) Street No. R#1 Portageville (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Lonnie CHANDLER

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex M. 2

5. Color or race Col.

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct (Month) 23 (Day) 1945 (Year)

8. AGE: Years 60 Months 1 Days 5 If less than one day hr. min.

9. Birthplace ~~Miss~~ (City, town, or county) Miss 1 (State or foreign country)

10. Usual occupation Farming

11. Industry or business None

FATHER
12. Name Don't Know
13. Birthplace (City, town, or county) Ham (State or foreign country) 9

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) Ham (State or foreign country) 9

16. (a) Informant Clerk Lee 1

(b) Address Portageville Mo R.1

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 12-3-45 (Month) (Day) (Year)

(c) Place: burial or cremation Mason Cemetery

18. (a) Signature of funeral director L. W. Hill

(b) Address Lilbourn Mo

19. (a) 1-7-46 (Date received local registrar) (b) Ellen DeLisle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2 year 1945 hour 3 minute a M.

21. I hereby certify that I attended the deceased from 11-27, 1945 to 12-2, 1945 that I last saw ~~him~~ alive on 12-1, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Influenza — Duration 5 days

Due to Influenza

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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 Edward M Popp (M. D. or other)

Address Marston Mo Date signed 12-2-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 146-85
Date Filed 1-10-46

FEB 1 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 L. M. Hill

Licensed Embalmer No. 4647

P. O. Address Kilbourn Ohio

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.