DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

2409

FILED JAN 25 1946

State File No.

Registration District No. 59 Primary Registration District No. 5221 Registrar's No. 11

1. PLACE OF DEATH:

(a) County Cass

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

(c) Name of hospital or institution: / Dayton Twp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 75 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass 19

(c) City or town Rural 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. Dayton Twp. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Jennie Leona Chandler

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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 June (Month) 30 (Day) 1866 (Year)

8. AGE: Years 79 Months 6 Days 10 If less than one day hr. min.

9. Birthplace Sharon (City, town, or county) Ohio 1 (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Isaac Chandler
13. Birthplace Media Co (City, town, or county) Ohio 1 (State or foreign country)

MOTHER
14. Maiden name Emma Hillard
15. Birthplace Media Co (City, town, or county) Ohio 1 (State or foreign country)

16. (a) Informant R A Chandler
(b) Address Creighton Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 - 11 - 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Dayton

18. (a) Signature of funeral director Hobert Arnold
(b) Address Creighton Mo.

19. (a) Jan 18 - 1946 (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10
year 1946 hour 10 minute 00 P.M.

21. I hereby certify that I attended the deceased from Jan 7, 1946, to Jan 10, 1946
that I last saw her alive on Jan 10, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Apoplexy	
Due to	
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 E M Griffith (M. D. or other)
Address Harrisonville Date signed Jan 15/46

51

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

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(a) County Cass

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

(c) Name of hospital or institution:
(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 (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Jennie L. Chandler

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 30 (Day) 1866 (Year)

8. AGE: Years 79 Months 6 Days 10 If less than one day hr. min.

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

10. Usual occupation Home maker.

11. Industry or business Lived on farm.

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

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

16. (a) Informant
(b) Address

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

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10
year 1946 hour minute M.

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that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

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Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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Of autopsy	

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Underline the cause to which death should be charged statistically.

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(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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

2409