

14110

State File No. _____

Registration District No. 280 Primary Registration District No. 4418 Registrar's No. 80

1. PLACE OF DEATH:

(a) County Platte

(b) City or town Carden Point Missouri

(c) Name of hospital or institution: None

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None

In this community 11 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte

(c) City or town Carden Point Missouri

(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 Allena Hay Chandler

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife Single

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

7. Birth date of deceased May 7 1945

(Month) (Day) (Year)

8. AGE: Years _____ Months 10 Days 24

If less than one day _____ hr. _____ min.

9. Birthplace Carden Point Missouri

(City, town, or county) (State or foreign country)

10. Usual occupation Baby

11. Industry or business _____

12. Name Charles Chandler

13. Birthplace Rocky Ford Colo.

(City, town, or county) (State or foreign country)

14. Maiden name Lavetta Boyd

15. Birthplace Carden Point Missouri

(City, town, or county) (State or foreign country)

16. (a) Informant Charles Chandler

(b) Address Carden Point Missouri

17. (a) Burial (b) Date thereof Apr. 1/46

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carden Point Mo.

18. (a) Signature of funeral director Richard Davis

(b) Address Dearbourn Missouri

19. (a) Apr. 1/46 (b) Mrs. Ophelia Rollins

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31

year 1946 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 31st, 1946 to March 31st, 1946

that I last saw her alive on March 31st, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Duration 1 day

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature [Signature] (M. D. _____)

Address Dearbourn Mo Date signed 4/1/46

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

13013

257

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 Riceman Davis

Licensed Embalmer No. 4160

P. O. Address Deaton, 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.