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v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 5 1946
Registration District No. 15

Primary Registration District No. 5069

Registrar's No. 22

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

1. PLACE OF DEATH:

(a) County Barton

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

(c) Name of hospital or institution:
U.S. 71 1/2 M South Junct. U.S. 160
(If not in hospital or institution, write street number or location)

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

In this community Entire Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Jasper
(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 Lewis Edgar Chancellor

3. (b) If veteran, name war II

3. (c) Social Security No. 702-09-9325

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
year 1946 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
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 Divorced

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

7. Birth date of deceased August 30 1907
(Month) (Day) (Year)

Immediate cause of death

Head crushed by dual wheels of transport cars on highway 7 1/2 mile south of Jasper Missouri

Due to Truck carrying new cars on highway 7 1/2 mile south of Jasper Missouri

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

38 8 2 hr. _____ min.

Duration

PHYSICIAN

Major findings: Of operations _____

Of autopsy _____

ADDITIONAL INFORMATION REQUESTED

1706 8

9. Birthplace Minden Mines, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business unemployed

12. Name Lewis Chancellor

13. Birthplace Arcadia, Kansas
(City, town, or county) (State or foreign country)

14. Maiden name Fanny Moore

15. Birthplace xxxxxxx Illinois
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence May 2, 1946

(c) Where did injury occur? Barton Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
U. S. Hiway # 71
(Specify type of place)

16. (a) Informant Clifford M. Chancellor

(b) Address Jasper, Missouri

17. (a) Burial (b) Date thereof May 5, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mullberry, Kansas

23. Signature C. E. Duckett Coroner
(M. D. or other)

Address Lamar, Mo. Date signed 5/4/46

18. (a) Signature of funeral director Teeter Bros. Mortuary

(b) Address Jasper, Missouri

19. (a) May 16, 1946 Marie Karamity
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

Barton Co Mo
S.H.P. call with other motor vehicle

MOTHER FATHER

RECEIVED

District Health Officer No. 87

District No. 646-609

Date Filed JUN 3 1946

SEP 8 1946

SEP 6 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 Howard E. Simpson

Licensed Embalmer No. 4288

P. O. Address Jasper, Missouri

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.