V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 10 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27518

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 114

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

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1. PLACE OF DEATH:

(a) County Jasper

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

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

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 41 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

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

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

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lillie Haworth

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race W.

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

6. (b) Name of husband or wife

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

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

8. AGE:

Years	Months	Days	If less than one day
80	2	24	hr. min.

9. Birthplace Washington County (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation housework

11. Industry or business

FATHER
12. Name Henry T. Chapin
13. Birthplace no data (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Katheryn Pyett
15. Birthplace no data (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant Neice Mrs. Ethel Haney
(b) Address Alba, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/3/46 (Month) (Day) (Year)
(c) Place: burial or cremation Purcell Cemetery

18. (a) Signature of funeral director Hedge-Lewis
(b) Address WebbCity, Missouri

19. (a) AUG; 2; 46 (Date received local registrar) (b) [signature] M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month August day 1
year 1946 hour 9:20 minute A. M.

21. I hereby certify that I attended the deceased from Jan 15, 1946, to Aug 1, 1946;
that I last saw her alive on Aug 1, 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial failure	6 hours
Due to Chronic Myocarditis	4 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 93d	

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 2

23. Signature Glenn R. Quay (M. D. or other) D.O.
Address Alba, Mo. Date signed 8-1-46

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(Licensed Embalmer's Statement on Reverse Side)

46-8-682

JUL 2 1948

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 comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.