

**FILED OCT 18 1946**

Primary Registration District No. **4364**

Registrar's No. **30**

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

1. PLACE OF DEATH:

(a) County **Newton**

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

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

(d) Length of stay: In hospital or institution **24 hr.**  
(Specify whether years, months or days)

In this community **77 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barry**

(c) City or town **Purdy**  
(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 **Nancy Jane Chastain**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept**, day **26**  
year **1946** hour **12** minute **30** P.M.

4. Sex **female** 5. Color or race **white**

6. (a) Name of husband or wife **James F. Chastain**

7. Birth date of deceased **May 9 1869**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **11-2** 19**35** to **9-26** 19**46**  
that I last saw her alive on **9-25** 19**46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis with general atherosclerosis**

Duration **10 yrs.**

8. AGE: Years **77** Months **4** Days **17**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace **Granby Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

Major findings: Of operations **93D**

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name **Frank Bradley**

13. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)

14. Maiden name **Lillian Pang**

15. Birthplace **Kentucky**  
(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) \_\_\_\_\_

(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? \_\_\_\_\_

16. (a) Informant **Lawrence Chastain**

(b) Address **Purdy, Missouri**

17. (a) **Burial** (b) Date thereof **Sept. 28, 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Purdy Cemetery**

18. (a) Signature of funeral director **Blankenship**

(b) Address **Monett, Missouri**

19. (a) **9-30-46** (b) **Alpha Dyer**  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury **02**

23. Signature **J. B. Baldwin** (M. D. or other)

Address **Purdy Mo** Date signed **9-26-46**

**RECEIVED**

District Health Officer No. *Newt*  
District File Number *1046-14*  
Date Filed *10-8-46*

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**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. H. Blankenship*

Licensed Embalmer No. *2397*

P. O. Address *Mount, 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.**