

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 28 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32748

State File No. _____

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1179

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town ST. JOSEPH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Mo. Methodist Hosp. T. O.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month 17 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town CAMERON
(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 Richard Lewis ChafEN

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month OCT day 21
year 1946 hour 1 minute 00 A.M.

3. (b) If veteran, name war _____ 3. (c) Social Security No. not given

21. I hereby certify that I attended the deceased from September 4, 1946 to Oct 21, 1946
that I last saw him alive on Oct 20, 1946
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 single

Immediate cause of death
Prematurity
Inanition
Duration
47 da
47 da

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased: Sept 4 1946
(Month) (Day) (Year)

8. AGE: Years _____ Months 1 Days 14
If less than one day hr _____ min _____

9. Birthplace ST. JOSEPH MO
(City, town, or county) (State or foreign country)

10. Usual occupation infant

11. Industry or business _____

12. Name CHARLES EARNEST ChafEN

13. Birthplace CAMERON MO
(City, town, or county) (State or foreign country)

14. Maiden name Bella Evelyn Edwards

15. Birthplace Mo. MO.
(City, town, or county) (State or foreign country)

16. (a) Informant Charles E. ChafEN
(b) Address CAMERON MO.

17. (a) BURIAL (b) Date thereof 10-21-46
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (c) Signature of funeral director Demoss Crunk
(b) Address CAMERON MO.

19. (a) Oct. 22, 1946 (b) A. J. Neithaus
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations None 159
Of autopsy none

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) (If means of injury)
23. Signature Dr. Roger Moore (M. D. or _____)
Address St Joseph mo Date signed 10/21/46

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

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

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{NOT}embalmed by me, or by.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

Licensed Embalmer No. *2533*

P. O. Address..... *Cameron, 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.