

FILED NOV 13 1946

Registration District No. **43**

Primary Registration District No. **4057**

Registrar's No. **347**

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

1. PLACE OF DEATH:

(a) County Butler  
(b) City or town Quilin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community life years, months or days)

3. (a) PRINT FULL NAME

James Kenneth Chaney

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

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

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased October 1 1946  
(Month) (Day) (Year)

8. AGE:

Years

Months

Days 3

If less than one day

hr. min.

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

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER

12. Name James Chaney

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

14. Maiden name Thelma Farmer

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

16. (a) Informant James Chaney

(b) Address Quilin, Missouri

17. (a) Burial (b) Date thereof 10-6-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Quilin

18. (a) Signature of funeral director Friends

(b) Address Quilin

19. (a) 10-30-46 (b) R. W. Menette  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12  
(c) City or town Quilin 9  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 1  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5th  
year 1946 hour 9 minute 00 A.M.

21. I hereby certify that I attended the deceased from Oct 2nd to Oct 4th 1946  
that I last saw h. seen alive on 4th 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Pneumonia

Due to weak condition

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

Major findings: Of operations 159

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

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 Mrs. The Bell \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

Address Quilin, Mo \_\_\_\_\_ Date signed 10-29-46

RECEIVED

District Health Office No. 2,

District File Number 1146-1307

Date Filed 11-7-46

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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.

*Not Embalmed*

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.