

No. 2  
12-45  
17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32865**  
Registrar's No. **337**

**FILED NOV 31 1946**  
Registration District No. **43**

Primary Registration District No. **5135**

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

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

**3. (a) PRINT FULL NAME** **Thomas Eugene Chaney**  
**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. \_\_\_\_\_

**4. Sex** **M** **5. Color or race** **W** **6. (a) Single, widowed, married, divorced** **Single**  
**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if** \_\_\_\_\_  
 alive \_\_\_\_\_ years  
**7. Birth date of deceased** **May 6 1946**  
 (Month) (Day) (Year)

**8. AGE:** Years \_\_\_\_\_ Months **5** Days **1** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** **Butler Co. Mo.** (City, town, or county) (State or foreign country)

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

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

**MOTHER FATHER**  
**12. Name** **Thomas Chaney**  
**13. Birthplace** **Quin, Mo** (City, town, or county) (State or foreign country)  
**14. Maiden name** **Garnett Burnett**  
**15. Birthplace** **Puxico, Mo** (City, town, or county) (State or foreign country)

**16. (a) Informant** **Thomas Chaney**  
**(b) Address** **Broseley**

**17. (a)** **Burial** (b) Date thereof **10/9/46**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** **Quin**

**18. (a) Signature of funeral director** **Greer Croy & Fitch**  
**(b) Address** **Poplar Bluff, Mo.**

**19. (a)** **10/14/46** (b) **[Signature]**  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Butler**  
 (c) City or town **Broseley** (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 \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **October** day **7**  
 year **1946** hour **1** minute **A** M.  
**21. I hereby certify that I attended the deceased from** **Sept 28** 19**46** to **Oct 7** 19**46**  
 that I last saw h. **im** on **Oct 4** 19**46**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia** Duration **1 week**

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

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

Major findings: **106**  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

**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? \_\_\_\_\_

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

**23. Signature** **[Signature]** (M. D. or other) **mp**  
**Address** **Poplar Bluff Mo** Date signed **Oct 12**

RECEIVED  
District Health Office No. 2,  
District File Number 1046-1269  
Date Filed 10-24-46

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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 Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, 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.**