

FILED NOV 12 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34393**

Registration District No. **278**

Primary Registration District No. **3054**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pike

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

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

(d) Length of stay: In hospital or institution Hospital 4 months - 28 days
(Specify, whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike

(c) City or town Louisiana "Rural"
(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 Lena Frances Chandler

3. (b) If veteran, name war No

3. (c) Social Security No. 90

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21st
year 1946 hour 2 minute 05 P. M.

21. I hereby certify that I attended the deceased from May 25, 1946
19... to October 21, 1946
that I last saw her alive on October 21st, 1946
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Daniel C. Chandler

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

7. Birth date of deceased June 14, 1867
(Month) (Day) (Year)

Immediate cause of death Cardiovascular renal hypertension
Dissecting

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>4</u>	<u>21</u>	hr. _____ min. _____

Major findings: 13/A

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace Louisiana, Mo. "Rural"
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {

12. Name Andrew Cramer

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

14. Maiden name Margaret Shaffer

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

16. (a) Informant Warren Chandler

(b) Address Louisiana, Mo.

17. (a) Burial (b) Date thereof Oct. 23, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Louisiana, Mo.

18. (c) Signature of funeral director Harriet Stone

(b) Address Louisiana, Mo.

19. (a) 10/22/46 (b) Bernice Collier
(Date received local registrar) (Registrar's signature)

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? No (Specify type of place) _____

23. Signature W. L. P. [Signature] (M. D. or other) Do

Address Louisiana, Mo. Date signed 10/21/1946

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

RECEIVED
District Health Officer No. 10
District File Number *46-2017*
Date Filed *NOV - 8 1946*

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 *J.B. Stone*.....

Licensed Embalmer No. *H039*.....

P. O. Address *Louisiana, Me.*.....

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.