

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36551

State File No. _____

Registrar's No. 69

FILED DEC 11 1946

Registration District No. _____

Primary Registration District No. 4173

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Ava
(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 William M. Chandler

3. (b) If veteran, No name war. 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased September 9, 1864
(Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Pike County, Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name -----Chandler

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

14. Maiden name Mary Britanham

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

16. (a) Informant Alice Turner

(b) Address Ava, Mo.

17. (a) Burial (b) Date thereof 11-29-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arno

18. (a) Signature of funeral director Clinkingbeard Funeral Home

(b) Address Ava, Missouri

19. (a) 12-5-46 (b) Vesta Bushman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34
(c) City or town Ava (If outside city or town limits, write "RURAL") 1
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26
year 1946 hour 3 minute 38 P.M.

21. I hereby certify that I attended the deceased from 7-13
1946, to 11-26, 1946

that I last saw him alive on 11-22, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration _____
Cerebral

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

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 Dr. C. P. Harker (M. D. or other) DD

Address Ava, Mo. Date signed 11-3-46

(Licensed Embalmer's Statement on Reverse Side)

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

355597

RECEIVED

District Health Officer No. 6,

District File Number 1246-1217

Date Filed DEC 9 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..... *W.B. Hutchinson*

Licensed Embalmer No. 3431

P. O. Address One 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.