

FILED APR 2 1947

Registration District No. 38

Primary Registration District No. 5120

Registrar's No. 96

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

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Brown Station Columbia Township  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 73 Years \_\_\_\_\_ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Brown Station  
(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 FANNIE HAYS CHANDLER

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Sam Chandler

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

7. Birth date of deceased 10 - 5 - 1873  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>5</u>	<u>16</u>	hr. _____ min. _____

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

10. Usual occupation At Home

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

12. Name Andrew C. Turner

13. Birthplace Boone County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Alice Turner

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

16. (a) Informant Miss Mattie Turner

(b) Address Brown Station, Mo.

17. (a) Burial (b) Date thereof 3-23-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Red Top Cemetery

18. (a) Signature of funeral director Parson Funeral Service

(b) Address Columbia, Mo.

19. (a) 3-26-47 (b) Mrs. R. E. Palmer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 21  
year 1947 hour 9 minut 25 A. M.

21. I hereby certify that I attended the deceased from Oct 28  
1943 to 3-17 1947

that I last saw her alive on March 17 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration 1 day

Due to Arterio Sclerosis many years

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

Other conditions (Include pregnancy within 3 months of death) X GBA

Major findings:  
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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

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

23. Signature F. B. Williamson (M. D. or other) \_\_\_\_\_  
Address Columbia Mo Date 3-23-47

RECEIVED  
District Health Officer No. 9,  
District File Number \_\_\_\_\_  
Date Filed 4-1-47

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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 Thomas L. Young  
Licensed Embalmer No. 4132  
P. O. Address Columbia, 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.**