

FILED MAR 25 1947

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 84

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

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: So. East Mo. Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days  
In this community 4 days years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott  
(c) City or town Sikeston, Mo.  
(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 Donald Ray Chandler

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex M U 5. Color or race W 6. (a) Single, widowed, married, divorced D  
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased 2 11 1947 (Month) (Day) (Year)

8. AGE: Years 4 Months 4 Days If less than one day hr. min.

9. Birthplace Cape Girardeau Mo. U (City, town, or county) (State or foreign country)

10. Usual occupation.  
11. Industry or business.

MOTHER FATHER { 12. Name Grover Chandler  
13. Birthplace Hickman Co. Ky. (City, town, or county) (State or foreign country)  
14. Maiden name Virginia M. Jackman  
15. Birthplace Walnut Ridge Ark. (City, town, or county) (State or foreign country)

16. (a) Informant Grover Chandler (b) Address Sikeston, Mo.

17. (a) Burial (b) Date thereof 2/15/47 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place of burial or cremation McMullin Mo.

18. (a) Signature of funeral director H.W. Albritton (b) Address Sikeston, Mo.

19. (a) 3-18-1947 (b) C.C. Summers (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 14 year 1947 hour 5 minute P.M.  
21. I hereby certify that I attended the deceased from 2-11 1947 to 2-14 1947  
that I last saw him alive on 2-14 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage  
Due to: Birth injury.  
Due to:  
Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: Of autopsy: 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 Chas. J. Hubert (M. D. or other) Date signed 3-15-47  
Address Cape Girardeau, Mo.

RECEIVED

Health Officer No. 4

File Number 347-398

3-24-47

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

*John Allerton*

Licensed Embalmer No. 2941

P. O. Address

*Suburban 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.**