

FILED MAY 5 1947  
Registration District No. 128

Primary Registration District No. 2000

State File No. \_\_\_\_\_  
Registrar's No. 352

1. PLACE OF DEATH:  
(a) County Greene  
(b) City or town Springfield  
(c) Name of hospital or institution Springfield Baptist Hospital  
(d) Length of stay: 1 da.  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Greene  
(c) City or town rural  
(d) Street No. Route Willard  
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Julius Cabel Chaastain  
(b) If veteran, name war no  
(c) Social Security No. 702-07-6052

20. DATE OF DEATH: Month Apr. day 14 year 1947 hour 5 minute P.  
21. I hereby certify that I attended the deceased from 4-7 to 4-14 that I last saw her alive on 4-14 and that death occurred on the date and hour stated above.

4. Sex m 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Lizzie Chaastain  
6. (c) Age of husband or wife if alive 73 years  
7. Birth date of deceased Oct. 7-1866

Immediate cause of death Valvular heart disease  
Due to \_\_\_\_\_ years

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>6</u>	<u>7</u>	

Due to Enlarged Prostate  
Other conditions with Urinary Retention  
Major findings: no  
Of operations no  
Of autopsy no

9. Birthplace Pa.  
10. Usual occupation retired frisco laborer  
11. Industry or business laborer  
12. Name Joseph Chaastain  
13. Birthplace Pa.  
14. Maiden name Annitta Neale  
15. Birthplace unknown

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(b) Date of occurrence no  
(c) Where did injury occur? no  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

16. (a) Informant Mrs. Lizzie Chaastain  
(b) Address Willard Mo  
(c) Place: burial or cremation burial  
(d) Date thereof 4-17-47  
(e) Signature of funeral director W. W. Maples  
(f) Address Clever Mo  
(g) Date received local registrar 4-15-47  
(h) Registrar's signature W. E. Handley

23. Signature J. F. Williams (M. D. or other) no  
Address Springfield Date signed 4/15/47

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

39  
2  
6

**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.W. Maples* .....

Licensed Embalmer No. *2985* .....

P. O. Address *Chillicothe 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.**