. S. No. 2
OM—8-43
v. 5-17-39
I X37823

73
3
2

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21737

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 59

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Neosho (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sales Memorial (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 2 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Oklahoma (b) County Ottawa
(c) City or town Miami (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 D. BATT-CHANDLER
3. (b) If veteran, name war World War I
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Letty Chandler
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Mar. (Month) 8th (Day) 1889 (Year)

8. AGE: Years 58 Months 3 Days 16 If less than one day hr. min.

9. Birthplace Bentonville (City, town, or county) Ark. (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Same
FATHER
12. Name Geo. Chandler
13. Birthplace Unknown (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Elfa Wattenberger
15. Birthplace Unknown (City, town, or county) Tenn (State or foreign country)
16. (a) Informant Mrs Arley Dailey
(b) Address Miami Okla 610 C.S.E.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-25-47 (Month) (Day) (Year)
(c) Place: burial or cremation Pineville Mo.
18. (a) Signature of funeral director T. M. Humphrey
(b) Address Pineville Mo
19. (a) July 8, 1947 (Date received local registrar) (b) Melvin C. Bowman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24 year 1947 hour 3 minute 30 A.M.
21. I hereby certify that I attended the deceased from June 22, 1947 to June 24, 1947 that I last saw him alive on June 24, 1947 and that death occurred on the date and hour stated above.
Immediate cause of death Head injury
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations None
Of autopsy None

Duration

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) Fight
(b) Date of occurrence June 21, 1947
(c) Where did injury occur? McDonald (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Do not know (Specify type of place)
While at work? No (e) Means of injury Do not know
23. Signature F. F. Whitehead (M.D. or other)
Address Neosho Mo Date signed 7-8-47

(Licensed Embalmer's Statement on Reverse Side)

JUL 16 1947

RECEIVED
District Health Officer No. Newton
District File Number 947-139
Date Filed 7-12-47

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 Mayne E Humphreys

Licensed Embalmer No. 4262

P. O. Address Granville, 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.