

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28183**

FILED SEP 9 1947

Registration District No. **169**

Primary Registration District No. **5623**

Registrar's No. **162**

1. PLACE OF DEATH:

(a) County Knox county

(b) City or town Leonard, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
In this community Entire life
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

(c) City or town Leonard, Rural
(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 Margaret Chadwell

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month August day 16
year 1947 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1924
1929 to Aug 16, 1947,
that I last saw h. er alive on Aug 10, 1947,
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Daniel Chadwell

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased October 13 1876
(Month) (Day) (Year)

Immediate cause of death Myocarditis

Duration 20 years

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

70 10 3 hr. _____ min.

Due to Hypertension

Due to _____

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation House wife

11. Industry or business _____

Major findings: Of operations _____

12. Name Andy Fisher

Of autopsy _____

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

14. Maiden name Myra Dennis

15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Daniel Chadwell

(b) Address Leonard, Mo.

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? _____

17. (a) Burial (b) Date thereof 8-19-1947
(Burial or cremation) (Month) (Day) (Year)

(c) Place: burial or cremation Cherry Box Cemetery

18. (a) Signature of funeral director Million & Barkelew
Shelbina, Mo.

(b) Address _____

19. (a) Sept - 1 - 47 (b) Nellie H. Hunsaker
(Date received local registrar) (Registrar's signature)

23. Signature C. L. Hunsaker (M. D. or other)

Address Edina, Mo. Date signed 8/29/47

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 10
Certificate File Number 9-47-1128
Date Filed SEP - 8 1947

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.....

A. O. Davis....., Registered Apprentice No. 443
working under my personal supervision.

Signed W. H. Hawkins
Licensed Embalmer No. 3498
P. O. Address Shelburne Vts

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.