

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **42515**FILED JAN 6 1948
Registration District No. **251**Primary Registration District No. **4381**Registrar's No. **290**

1. PLACE OF DEATH:

Nodaway
(a) County
(b) City or town **Hopkins**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **Life** years, months or days)

3. (a) PRINT FULL NAME **Mary Maude Chaney**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Dec. 25 1905**
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
41 11 20 hr. min.9. Birthplace **Hopkins Mo.**
(City, town, or county) (State or foreign country)10. Usual occupation **none**

11. Industry or business _____

12. Name **Charles Chaney**
13. Birthplace **Hopkins Mo.**
(City, town, or county) (State or foreign country)14. Maiden name **Phoebie Schley**
15. Birthplace **Hopkins Mo.**
(City, town, or county) (State or foreign country)16. (a) Informant **Charles Chaney**
(b) Address **Hopkins, Mo.**
17. (a) **Burial** (b) Date thereof **Dec. 17, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Hopkins, Mo.**18. (a) Signature of funeral director **Stanley Swanson**
(b) Address **Hopkins, Mo.**
19. (a) **12-24-47** (b) **Bess Holt**
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri (a) State (b) County **Nodaway 74**
(c) City or town **Hopkins** (If outside city or town limits, write "RURAL") **0**
(d) Street No. _____ (If rural, give location) **0**
(e) Citizen of foreign country? _____ (Yes or No) **0**
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec**, day **15**
year **1947** hour **4** minute **15** A. M.21. I hereby certify that I attended the deceased from **July 1, 1947** to **Dec 15, 1947**
that I last saw him alive on **Dec 16, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death.

Chronic valvular disease of heart 20 yrs.
acute rheumatic fever 6 mos

Other conditions.
(Include pregnancy within 3 months of death)Major findings:
Of operations **50%**

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature **[Signature]** (M. D. or other) **[Signature]**
Address **Hopkins Mo** Date signed **12/17/47**

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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. *myself*

Signed *Stanley Swanson*
Licensed Embalmer No. *3963*
P. O. Address *Hopkins, 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.