

S. No. 2
1-12-45
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 22 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44542

State File No. _____

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 12

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD.
count—then he glad

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(c) Name of hospital or institution: McCarroll Hospital
(d) Length of stay: In hospital or institution _____
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County _____
(c) City or town _____
(d) Street No. _____
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME LARRY FRANCIS CHANDLER
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

20. DATE OF DEATH: Month Dec - day 26
year 1947 hour 1 minute A.M.
21. I hereby certify that I attended the deceased from Dec 25 1947 to Dec 26 1947;
that I last saw him alive on Dec 26 1947;
and that death occurred on the date and hour stated above.

4. Sex M - 5. Color of race W -
6. (a) Single, widowed, married, divorced Child
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec - 25 - 1947
(Month) (Day) (Year)

Immediate cause of death Atelectasis
Due to Prematurity
Duration skn

8. AGE: Years Months Days If less than one day 7 hr. 30 min.

9. Birthplace Moberly - Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name Ollie Chandler
13. Birthplace Centralia Mo.
14. Maiden name Betty Davis
15. Birthplace Centralia, Mo.
(City, town, or county) (State or foreign country)

Other conditions _____
Major findings: Of operations 59
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Alvin Chandler
(b) Address Centralia, 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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

17. (a) Burial _____ (b) Date thereof Dec 26/1947
(c) Place: burial or cremation Centralia Mo.

18. (a) Signature of funeral director _____
(b) Address Centralia, Mo.
19. (a) Jan 12 - 48 (b) Seal the embalmers
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury 2 DO
23. Signature J.P. Roberts (M. D. or other) _____
Address Centralia Mo Date signed 12-27-47

RECEIVED
District Health Officer No. 10
District File Number 148.116
Date Filed JAN-20-1948

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 George Jernigan
Licensed Embalmer No. 4270
P. O. Address Centralia, 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.