

FEDERAL BUREAU OF INVESTIGATION
 STANDARD CERTIFICATE OF DEATH
State File No. **4498**

National Office of Vital Statistics

FILED MAR 1 1948

Registrar's No. **110**Registration District No. **2000**Primary Registration District No. **2000**

1. PLACE OF DEATH:

(a) County **Greene**

(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Baptist Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 weeks**
(Specify whether **6 months**)

In this community **6 months**
years, months or days

3. (a) PRINT FULL NAME **EDMUND WILSON CHASE**

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex **M** Color or race **W**

5. Color or race **W**

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

6. (b) Name of husband or wife **Anna Chase**

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

7. Birth date of deceased **June 22 1866**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	81	7	13	hr. min.

9. Birthplace **Unknown Michigan**
(City, town, or county) (State or foreign country)

10. Usual occupation **Oil Business**11. Industry or business **Retired**

12. Name **G. B. Chase**

13. Birthplace **Unknown New York**
(City, town, or county) (State or foreign country)

14. Maiden name **Martha Drennon**

15. Birthplace **Unknown Georgia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. H. O. Griffin (Daughter)**

(b) Address **Reed Springs, Missouri**

17. (a) **Removal** (b) Date thereof **12-8-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Branson, Missouri**

18. (a) Signature of funeral director **Alma Lohmeyer Fun'l**

(b) Address **Springfield, Mo.** Home

19. (a) **2-7-48** (b) **W. E. Handley W. E.**
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Stone**

(c) City or town **Reed Springs**
(If outside city or town limits, write "RURAL")

(d) Street No. **Unknown**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **3**
year **1948** hour **11:00** minute **P** M.

21. I hereby certify that I attended the deceased from **15 January**
19 **48** to **3 February** 19 **48**;
that I last saw him alive on **3 Feb + 8** 19 **48**
and that death occurred on the date and hour stated above.

Immediate cause of death **uraemia** Duration **6 mos.**Due to **Prostatic hypertrophy + obstruction** 9 mos.

Due to

Other conditions **Balanoposthitis**
(Include pregnancy within 3 months of death)Major findings: **Diasthesis of h. s. tract** PHYSICIANOf operations **Circumcision only**Of autopsy **none** Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature **Barwood G. Hall FEB 7 1948**

Address **500 Halland Bldg** Date signed **7-1948**

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

MOTHER FATHER

1961/1/10/1

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 _____

working under my personal supervision. _____ Registered Apprentice No. _____

Signed *Jewell C. Murrell*

Licensed Embalmer No. *2831*

P. O. Address *Springfield 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.