No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

25949

State File No.

FILED SEP 7 1948

Registration District No. 728

Primary Registration District No. 2000

Registrar's No. 725

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: 1360 E. Locust
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Entire life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1360 E. ~~XXX~~ Locust 6
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Livona May Chandler
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Thomas L. Chandler
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 10 (Day) 1868 (Year)

8. AGE: Years 80 Months 5 Days 19 If less than one day hr. min.

9. Birthplace Greene County, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Housewife
FATHER
12. Name George W. Graves
13. Birthplace (City, town, or county) Tennessee (State or foreign country)
MOTHER
14. Maiden name Emeline Vickers
15. Birthplace (City, town, or county) Tennessee (State or foreign country)
16. (a) Informant Guy Chandler (Son)
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation Liberty Cemetery
18. (a) Signature of funeral director J.W.Klingner & Co.
(b) Address Springfield, Missouri
19. (a) 9-1-48 (Date received local registrar) (b) W E Hansley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29 year 1948 hour 7 minute 00 P.M.

21. I hereby certify that I attended the deceased from 12 Aug. 1948 to 29 Aug. 1948 that I last saw her alive on 29 Aug. 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac failure	
Due to Undernutrition	
Due to Carcinoma of liver	yrs.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 46	
Of autopsy	

PHYSICIAN

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 Kenneth E. Knabb, M.D. (M. D. or other)
Address 1630 N. Jefferson Date signed 31 Aug. 48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Max Rhodes

Licensed Embalmer No. 4071

P. O. Address Springfield

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.