

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

**42655**  
 Do not use this space.

**FILED JAN 16 1941**

1. PLACE OF DEATH

(a) County Harrison Registration District No. 349

(b) Township Springfield Primary Registration District No. 5-5-0 Registered No. 21

(c) City Calhoun (f) Street No. \_\_\_\_\_ St. \_\_\_\_\_

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henry Lee Chester

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 19 1940

7. AGE YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_

9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton MO

13. NAME Lee Chester

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield MO

15. MAIDEN NAME Lee Little

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield MO

17. INFORMANT Mr. Lee Chester (ADDRESS) Calhoun MO

18. BURIAL, CREMATION OR REMOVAL PLACE Calhoun DATE Dec 20 40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. H. Houser Calhoun MO

20. FILED 12-20 1940 Miss Edith J. Simpson (Address) Calhoun MO  
 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 1940 to Dec 19 1940

I last saw him alive on Dec 19 1940 Death is said to have occurred on the date stated above, at S.A.M.

The principal cause of death and related causes of importance were as follows:  
Acute Indigestion Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_ (Signed) J. H. Houser M.D.  
Calhoun MO

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

118C

RECEIVED

District Health Officer No. 7,

District File Number 1-41-9

Date Filed 1-3-41

**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,

*myself*

or by

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

Signed

*J A Howey*

Licensed Embalmer No.

35021

P. O. Address

*Calloun Ave*

**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, above space should be left blank.