

S. No. 2  
1-1/47  
5-17-39

UNITED STATES DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **8782**  
Registrar's No. **81**

Registration District No. **3**

Primary Registration District No. **3023**

2  
1  
9

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

**1. PLACE OF DEATH:**

(a) County Henry

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

(c) Name of hospital or institution: Brown Infirmary no. 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 8 years (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Henry **42**

(c) City or town Clinton  
(If outside city or town limits, write "RURAL") **3**

(d) Street No. 717 E Green St  
(If rural, give location) **7**

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country: \_\_\_\_\_

**3. (a) PRINT FULL NAME** FRANK PAUL W. CHANSLOR

**3. (b) If veteran,** name war no

**3. (c) Social Security No.** 500-20-9713

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month April day 2  
year 1947 hour 2 minute 15 P. M.

**21. I hereby certify that I attended the deceased from** Death on arrival  
that I last saw him alive to \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

**4. Sex** male **5. Color or race** white

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

**6. (b) Name of husband or wife** Domie Chanstar

**6. (c) Age of husband or wife if alive** 59 years

**7. Birth date of deceased:** Nov + 12 - 1889  
(Month) (Day) (Year)

**Immediate cause of death** Burned to death

**Due to** \_\_\_\_\_

**Due to** \_\_\_\_\_

**Other conditions** \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**8. AGE:**

Years	Months	Days	If less than one day
<u>57</u>	<u>4</u>	<u>20</u>	_____ hr. _____ min.

**9. Birthplace:** Carney Mo Ill  
(City, town, & county) (State or foreign country)

**10. Usual occupation:** merchant

**11. Industry or business:** \_\_\_\_\_

**12. Name:** Joe J. Chanstar

**13. Birthplace:** Ky. 1  
(City, town, or county) (State or foreign country)

**14. Maiden name:** unknown

**15. Birthplace:** Ky. 1  
(City, town, or county) (State or foreign country)

**16. (a) Informant:** Domie Chanstar

**(b) Address:** Clinton Mo

**17. (a) Burial, cremation, or removal:** Burial (b) Date thereof: 4-4-47  
(Month) (Day) (Year)

**(c) Place: burial or cremation:** Englewood

**18. (a) Signature of funeral director:** Corralust Beck

**(b) Address:** Clinton Mo

**19. (a) Date received local registrar:** 4-4-47 (b) R. B. Henry  
(Date received local registrar) (Registrar's signature)

**Major findings:** \_\_\_\_\_

**Of operations:** 181

**Of autopsy:** 15

**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): accident **112**

(b) Date of occurrence: 4/2/47

(c) Where did injury occur: Clinton Henry Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial place (Brown Refg Co.)  
(Specify type of place)

(e) Means of injury: Fire

**23. Signature of physician:** R. S. Halpin (M.D. or other) **3**

**Address:** Clinton Mo **Date signed:** 4/3/47

120

APR 29 1947

RECEIVED  
District Health Officer No. 71  
3-27-375  
District File Number 4-7-47  
Date Filed

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 R. R. Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton Md

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.