

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

MAY 15 1940
DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
CENSUS

Registration District No. RF 3

Primary Registration District No. 5619

Registrar's No. 3

1. PLACE OF DEATH:

(a) County LACLEDE
(b) City or town GASCONADE TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County LACLEDE
(c) City or town GASCONADE TWP
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME EUGENE CHATHAM 350
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month APR day 5
year 1940 hour _____ minute 8.50 A.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife LUCILE PROCTOR 6. (c) Age of husband or wife if alive 20 years
7. Birth date of deceased JAN 10 1901
(Month) (Day) (Year)

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
39 2 25 _____ hr. _____ min.

Immediate cause of death Drowned ✓
Duration _____

9. Birthplace LACLEDE CO MO
(City, town, or county) (State or foreign country)

Due to _____
Due to _____

10. Usual occupation FARMER

Other conditions (include pregnancy within 3 months of death) _____

11. Industry or business _____

Major findings: Of operations _____
Of autopsy _____

MOTHER FATHER
12. Name ED. CHATHAM
13. Birthplace FRANKLIN CO ILL.
(City, town, or county) (State or foreign country)
14. Maiden name ELGA MCGINNIS
15. Birthplace NEBO. MO
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence April 5-1940
(c) Where did injury occur? Gasconade Twp. Faded Mtn
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? in River
While at work? Yes (Specify type of place) (e) Means of injury ✓

16. (a) Informant's own signature Ed Chatham
(b) Address Holston Mo.

23. Signature James S. Stanton (M.D. or other) Covered
Address Holston Mo. Date signed 4-6-1940

17. (a) MCGINNIS CEM (b) Date thereof ARR 7 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MCGINNIS CEM

18. (a) Signature of funeral director Palmis
(b) Address Holston Mo. 052

19. (a) April 15 (b) W.M. Matthews
(Date received local registrar) (Registrar's signature)

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

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

153
126

RECEIVED
MAY 11 1940
DISTRICT HEALTH OFFICER
NO. 5

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.

RECEIVED
under my personal supervision.

District Health Officer No. 5,

Signed.....

District File Number... 540547

Licensed Embalmer No.....

Date Filed in District File... 5-11-40

P. O. Address.....

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15-286

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 433

Primary Registration District No. 6619

Registrar's No. 3

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

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether

In this community.....
years, months or days)

3. (a) PRINT FULL NAME Eugene Chatham

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife..... 6. (c) Age of husband, or wife, if alive..... year

7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE: Years 39 Months 2 Days 25 If less than one day hr. min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name.....

13. Birthplace..... (City, town, or county) (State or foreign country)

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

17. (a)..... (b) Date thereof..... (Month) (Day) (Year)

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a)..... (b)..... (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

(c) City or town..... (If outside city or town limits write "RURAL")

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

(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month apr day 5 year 1940 hour..... minute..... M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw him..... alive on....., 19....., and that death occurred on the date and hour stated above.

Immediate cause of death Drowned Duration

Due to.....

Due to No Wading or fishing a duck

Other conditions..... (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to 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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature James D. Stanton (M. D. or other)

Address Hebron Date signed

SUPPLEMENTARY

