

JUN 14 1940 797
Registration District No.

Primary Registration District No. **6040**

Registrar's No. **9**

1. PLACE OF DEATH:

(a) County Saline **20**
(b) City or town Miami
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Gustave Charles Chevalier
(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 Gustave Charles Chevalier

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

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

6. (b) Name of husband or wife Eloise Chevalier 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 28 1866
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Osage Co Mo (City, town, or county) (State or foreign country) **6**

10. Usual occupation Farmer **7**

11. Industry or business _____

MOTHER FATHER { 12. Name Francis Chevalier

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

14. Maiden name Josephine (City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature S. J. Malan

(b) Address Miami, Mo.

17. (a) Marshall (b) Date thereof May 30 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park, Mo.

18. (a) Signature of funeral director Wm. H. Hulse

(b) Address Marshall, Mo.

19. (a) June 4 1940 (b) Wm. Hulse
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline
(c) City or town K. W. Miami, Mo
(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 30th day May
year 1940 hour 1:30 minute A- M.

21. I hereby certify that I attended the deceased from Aug 21, 1940 to Aug 30, 1940
that I last saw him alive on Aug 29, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration 2 days

Due to _____
Due to _____ **g2 B**

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

Major findings: Of operations X Of autopsy X
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? X

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

23. Signature Frank Hulse (M. D. or other) **1**

Address Miami, Mo Date signed 23/40

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 state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X 1931

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-11-40.....

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, ~~6-11-40~~.....

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

Signed Joe H. Rennie.....

Licensed Embalmer No. 1171.....

P. O. Address Marshall 700.....

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.