

S. No. 2
-11-10-39
5-17-39
X21422

State File No. 27934
Registrar's No. 19

SEP 16 1940
Registration District No. 79

Primary Registration District No. 5116

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

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Bourbon-Rural
(c) Name of hospital or institution: 2.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 12 yrs. years, months or days

3. (a) PRINT FULL NAME David Benton Chandler
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Sue Myrtle
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased July 31 1883 (Month) (Day) (Year)

8. AGE: Years 57 Months 0 Days 22 If less than one day hr. _____ min.

9. Birthplace Bourbon Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Walter H. Chandler
13. Birthplace Mo. (City, town, or county) (State or foreign country)
14. Maiden name Dee Roberts
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Carson Chandler
(b) Address Clark, Mo.

17. (a) Burial (b) Date thereof Aug. 24-1940 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Parche

18. (a) Signature of funeral director Barnes & Booth
(b) Address Surgeon, Mo.

19. (a) Aug. 23-1940 (b) Dee Roberts (Date recorded local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Boone
(c) City or town Rural (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 Aug day 22 year 1940 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 21 1940 to Aug 22 1940
that I last saw him alive on Aug 21 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia 6-da
Due to Colder Influenza 1 week
Due to flu

Other conditions R. Side Paralysis 15 yrs. (Include pregnancy within 3 months of death)
Major findings Cerebral Hemorrhage
Of operations none
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) _____ (Specify nature of injury)
23. Signature Dr. R. M. Cannon (M. D. or other) _____
Address Surgeon, Mo. Date signed 8-23-1940

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. E. Borth*

Licensed Embalmer No. 4087

P. O. Address Sturgeon, Mo.

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.