DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29199

Registration District No. 605 Primary Registration District No. 4359 Registrar's No.

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Tallapoosa, Missouri
(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 2 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid
(c) City or town Tallapoosa, Missouri
(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.

3. (a) PRINT FULL NAME Audrey Mary Chalks
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Arthur Chalks
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November (Month) 9 (Day) 1908 (Year)

8. AGE: Years	Months	Days	If less than one day
31	8	7	hr. min.

9. Birthplace Butler County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housework
11. Industry or business
FATHER 12. Name Monroe Tittle
13. Birthplace Butler County (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name Ollie Starrick
15. Birthplace Kennett, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Mrs. Ollie Tittle
(b) Address Bardley, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 17 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Gilead
18. (a) Signature of funeral director Landess Funeral Home
(b) Address Campbell, Missouri
19. (a) 8/17/40 (Date received local registrar) (b) Dr. Geo. Wusted (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16 year 1940 hour 8:45 o'clock A. M.
21. I hereby certify that I attended the deceased from Aug 11, 1940, to Aug 16, 1940, that I last saw h. alive on Aug 16, 1940, and that death occurred on the date and hour stated above. 8.45 a.m.

	Duration
Immediate cause of death Due to septicaemia from poisonous insect or reptile	8-11-40 to 8-16-40
Due to pregnancy — phlegmatic labor.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

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

23. Signature Edward Ford (M. D.)
Address Parma Mo Date signed 8-17-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No
District File Number 940-14
Date Filed 9/11/40

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.