

FILED OCT 23 1940

Registration District No. **726** Primary Registration District No. **4420**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Ralls
(b) City or town New London
(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 _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls
(c) City or town New London
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. # 2 (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 22
year 1940 hour 3 minute 50 AM.

21. I hereby certify that I attended the deceased from Sept 14
1940 to Sept 20, 1940
that I last saw her alive on Sept 20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Branchio pleur pneumonia
Due to Senility 1244
Due to _____

Other conditions Kidney stones
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration

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

23. Signature W.H. Brown (M. D. or other) _____
Address 1004 6th St Hannibal Date signed 9/23/40

3. (a) PRENT FULL NAME Harriett Elizabeth Chaffee

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 Joseph Edward Chaffee 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased February 28, 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 6 25 hr. min.

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

10. Usual occupation XX 4

11. Industry or business XX 4

12. Name David Butler

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

14. Maiden name Harriett M. Ferber

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

16. (a) Informant Family Bible Crawford Smith

(b) Address 902 Broadway

17. (a) Burial (b) Date thereof 9/24/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barkley

18. (a) Signature of funeral director Crawford Smith

(b) Address 902 Broadway Hannibal Mo.

19. (a) Sept 24 (b) Blanche Megaron
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No: 10

District File Number 10-40-1870

Date Filed OCT 8 1942

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 Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address Hannibal Missouri

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.