DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42998

FILED JAN 17 1941

Registration District No. 952 — Primary Registration District No. 5617 — Registrar's No.

1. PLACE OF DEATH:
(a) County Laclede
(b) City or town Star-Route Franklin (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 years, months or days) In this community All her life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Laclede
(c) City or town Lebanon Star Rout (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 Mancy Chastine
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 Widow
6. (b) Name of husband or wife Robert Chastein
6. (c) Age of husband or wife if alive: ✓ years
7. Birth date of deceased Mar (Month) 2 (Day) 1845 (Year)

8. AGE: Years 95 Months 9 Days 14 If less than one day hr. min.

9. Birthplace Tenn (City, town, or county) (State or foreign country)
10. Usual occupation House Wife
11. Industry or business ✓
FATHER
12. Name Press Bowman
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Whitson
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant's own signature John Morris
(b) Address Oakland Mo
17. (a) Whitson Cemetery (Burial, cremation, or removal) (b) Date thereof 12 [illegible] 40 (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director E N Stewart
(b) Address Lebanon Mo
19. (a) Dec 20-1940 (Date received local registrar) (b) Mrs. Vida Lambeth (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16 year 1940 hour 1 minute 30 P M.

21. I hereby certify that I attended the deceased from Dec. 10, 1940, to Dec. 16, 1940; that I last saw her alive on Dec. 10, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General sepsis	10 days
Due to accidental scratch on arm from nail in chair	
Due to	
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) accident
(b) Date of occurrence Dec. 1, 1940
(c) Where did injury occur? Her home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? yes (e) Means of injury nail

23. Signature H. A. Hamilton (M. D. or other)
Address Lebanon, Mo Date signed 12-16-40

(Licensed Embalmer's Statement on Reverse Side)

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.

Rev. 5-17-39 X19511

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 E. N. Stewart

Licensed Embalmer No. 1885

P. O. Address Lebanon

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.