

FEB 14 1941 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 204 Primary Registration District No. 57 D 9 B Registrar's No. _____

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

1. PLACE OF DEATH:
 (a) County Franklin
 (b) City or town Rural - Cassiopolis
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 72-1-10 days (Specify whether years, months or days)
8. (a) PRINT FULL NAME Charley Chaffin
 3. (b) If veteran, name war 40 3. (c) Social Security No. 1200
 4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive none years
 7. Birth date of deceased Dec-4-1868
 (Month) (Day) (Year)
 8. AGE: Years 72 Months 1 Days 10 If less than one day hr. _____ min. _____
 9. Birthplace Cassile Ill-1
 (City, town, or county) (State or foreign country)
 10. Usual occupation Laborer
 11. Industry or business Laborer
 { 12. Name Wm Chaffin
 18. Birthplace Ill-10
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Mary Ann
 15. Birthplace Ill-1
 (City, town, or county) (State or foreign country)
 16. (a) Informant Ira Howard
 (b) Address St. Clair mo
 17. (a) Burial (b) Date thereof 1-16-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Odd Fellows Cemetery
 18. (a) Signature of funeral director Sherrwood Pittsill
 (b) Address St. Clair mo
 19. (a) Feb. 8, 1941 (b) F. H. Buckworth
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Franklin
 (c) City or town Rural, Central
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 13
 year 1941 hour 11 minute 55 PM
 21. I hereby certify that I attended the deceased from Jan. 2 1941 to Jan. 13 1941
 that I last saw him alive on Jan. 13 1941
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____
Bronchial Inflammation
 Due to _____ 10 days
Chronic Mitral Insufficiency
 Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy _____
 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 (a) Means of injury _____
 23. Signature W. E. Kulebeck (M. D. or other) _____
 Address St. Clair - Mo Date signed 1/14/41

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..... *Shirwood Fitchell*

Licensed Embalmer No..... *3873*

P. O. Address..... *St. Clair, Md.*

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.