

**MAR 11 1941**

Registration District No. 89

Primary Registration District No. 5131-4053

Registrar's No. 100

**1. PLACE OF DEATH:**

(a) County Butler  
(b) City or town Harviell  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community Lifetime (Specify whether  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Butler 12  
(c) City or town Harviell 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? No 0 years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month February day 27  
year 1941 hour 10:00 minute 10 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Fire

Due to Burned to death  
Due to Accident

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) 0/2  
(b) Date of occurrence February 27, 1941  
(c) Where did injury occur? Harviell, Butler, Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 3

23. Signature Alfred M. Greer (M. D. or other) CORONER  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

3. (a) PRINT FULL NAME Charles Chatman Jr.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased. February 28, 1924  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
16 11 27 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Harviell, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Odd jobs

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Charles Chatman  
18. Birthplace Butler County Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Iva Crabtree  
15. Birthplace Texas County Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Chatman  
(b) Address Harviell, Missouri

17. (a) Burial (b) Date thereof Mar. 2, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bay Springs Sementery

18. (e) Signature of funeral director Greer - Crov  
(b) Address Poular Bluff, Missouri

19. (a) 3/3/41 (b) Kate Lutz  
(Date received local registrar) (Registrar's signature)

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

150-1  
151

By query  
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**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.....

Body not embalmed ..... 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 with the above constitutes grounds for revocation of license.)**

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