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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11081

State File No. _____

APR 10 1941
Registration District No. 475

Primary Registration District No. 5582

Registrar's No. 14-74

1. PLACE OF DEATH:

(a) County Jefferson
 (b) City or town Jefferson, 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 6 weeks (Specify whether years, months or days)

3. (a) PRINT FULL NAME Joben J. Chanttrand
 8. (b) If veteran, name war no 8. (c) Social Security No. none

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Hellie Chanttrand 6. (c) Age of husband or wife if alive ✓ years
 7. Birth date of deceased Apr. 24, 1862
 (Month) (Day) (Year)

8. AGE: Years 78 Months 11 Days 3 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Own farm

12. Name Joseph Chanttrand

13. Birthplace no
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Wm. W. Taylor

(b) Address Gray Summit Mo

17. (a) burial (b) Date thereof Mar 31, 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graves

18. (a) Signature of funeral director Wm. W. Taylor

(b) Address Gray Summit Mo

19. (a) 27 Mar 1941 (b) John A. Pomeroy
 (Date of registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
 (c) City or town Gray Summit
 (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 March day 27
 year 1941 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb 19, 1941, to March 27, 1941;
 that I last saw him alive on March 27, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis 2 yrs.

Due to arteriosclerosis 10 yrs
diabetes mellitus unknown

Due to _____

Other conditions (include pregnancy within 3 months of death) 61

Major findings: Of operations none

Of autopsy none

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? 386

While at work? ✓ (Specify type of place) (a) Means of injury 9.

23. Signature Wm. W. Taylor (M. D. or other) DO.
 Address Gray Summit Mo Date signed 3/28/41

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

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

Joe L. Thibet

Licensed Embalmer No. *2008*

P. O. Address

Paugh's Inn

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.