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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 13993

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 476

**1. PLACE OF DEATH:**

(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days (Specify whether
In this community 4 days years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Clinton 25
(c) City or town Gower, Mo. 0 (If outside city or town limits write "RURAL")
(d) Street No. City (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? 1 years

3. (a) PRINT FULL NAME Otis William Chaney

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

4. Sex M 0 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife — ? 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased September (Month) 13 (Day) 1868 (Year)

8. AGE: Years 72 Months 7 Days 16 If less than one day hr. min.

9. Birthplace Clinton County (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business

FATHER
12. Name William Chaney
13. Birthplace Buchanan County (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Amanda Johnson
15. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant Noel Chaney
(b) Address Gower, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/2/41 (Month) (Day) (Year)
(c) Place: burial or cremation Allen Cemetery - Gower

18. (a) Signature of funeral director H. A. Sullins
(b) Address Gower, Mo.

19. (a) 4-30-1941 (Date received local registrar) (b) H. J. Nestlebush M. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 29 year 1941 hour 11 minute 40 P.M.

21. I hereby certify that I attended the deceased from April 26, 1941, to April 29, 1941; that I last saw him alive on April 29, 1941; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Strangulated hernia | 4 days |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings: Of operation Large prolapsed inguinal hernia
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)
(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? Means of injury

23. Signature John [illegible] (M. D. or other) M. D.
Address Br[illegible] Mo Date signed 4-30-41

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

## 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 W. A. Sullens

Licensed Embalmer No. 1738

P. O. Address Gowen, Ma.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grou[illegible]r revocation of license.)**

**If this body is not emba[illegible]ove space should be left blank.**