

No. 2
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5-17-39
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FILLED JUL 15 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21231

State File No. _____

Registration District No. 89

Primary Registration District No. 434 4053

Registrar's No. 261

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

12
89

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Hanniell
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
no sh. number 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 9 yrs.
years, months or days

3. (a) PRINT FULL NAME MARTIN RAY CHANCE

3. (b) If veteran, name war no

3. (c) Social Security No. 498-14-496

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased Aug 14, 1924
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

16 10 11 _____ hr. _____ min.

9. Birthplace Scott Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business saw mill

MOTHER FATHER

12. Name Martin L. Chancey

13. Birthplace Salene City, Ind. 1
(City, town, or county) (State or foreign country)

14. Maiden name Anna Johnson

15. Birthplace Drafton Ill. 1
(City, town, or county) (State or foreign country)

16. (a) Informant M. L. Chancey

(b) Address Hanniell, Mo.

17. (a) Serial (b) Date thereof 6-27-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cookson Ave.

18. (a) Signature of funeral director Minnie Fish

(b) Address Harbor Mo

19. (a) 6/26/41 (b) Kate Lutz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler

(c) City or town Hanniell
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
year 1941 hour 9 minute 30 AM.

21. I hereby certify that I attended the deceased from June 25, 1941, to June 25, 1941; that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis and pericarditis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

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? SH
(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature H. E. Smith (M. D. or other) Smith
Address Harbor Mo Date signed 6/26/41

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

JUL 25 1941

RECEIVED
District Health Officer No. 2
District File Number 741-859
Date Filed 7/20/41

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 Loyon C. McCord

Licensed Embalmer No. 4079

P. O. Address Naylor, Mo

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, fact should be so stated above.