

FILED APR 15 1942

Registration District No. _____

Primary Registration District No. 4224

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Howard
(b) City or town New Franklin Twp.
(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 1
(Specify whether _____)
In this community Life
years, months or days

3. (a) PRINT FULL NAME Miss Mary Emma Chancellor
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William H. Chancellor 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Nov. 27 - 1870.
(Month) (Day) (Year)

8. AGE: Years 71 Months 2 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Howard Co. _____
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

MOTHER FATHER { 12. Name Thomas J. Whitten
13. Birthplace Va. _____
(City, town, or county) (State or foreign country)
14. Maiden name Calista Lee
15. Birthplace Howard Co. _____
(City, town, or county) (State or foreign country)

16. (a) Informant Sarah Whitten

(b) Address Fayette Mo. R.R. 3

17. (a) Burial (b) Date thereof 3/1/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clear Lake

18. (a) Signature of funeral director P. S. Klein

(b) Address New Franklin Mo.

19. (a) Mar. 2, 1942 (b) Thomas B. Denny
(Date received local registrar) (Registrar's signature) 1224

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lewis 045
(c) City or town New Franklin Mo.
(If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28
year 1942 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb 17, 1942 to Feb 27, 1942
that I last saw h. or alive on Feb 26, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia broncho 9 day
Due to Influenza 7 day
Due to _____

Other conditions myocarditis unknown
(Include pregnancy within 3 months of death) Hypertension

Major findings: _____
Of operations _____
Of autopsy 330

Duration
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? _____ (e) Means of injury _____

23. Signature L. J. Chamberlain (M. D. or other) _____
Address New Franklin Mo Date signed Mar 2 1942

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

45
30

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-14-42

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. H. Hall

Licensed Embalmer No. 3515

P. O. Address New Franklin

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: