

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **27074**
Registrar's No. **26**

FILED SEP 11 1942
Registration District No. **19027**

Primary Registration District No. **5424**

1. PLACE OF DEATH:

(a) County **Dunklin**
(b) City or town **Campbell "Rural"**
(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 _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME **William Nathan Chase**

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

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

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

7. Birth date of deceased **July 29, 1942**
(Month) (Day) (Year)

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

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

10. Usual occupation **Infant**

11. Industry or business _____

MOTHER FATHER { 12. Name **Nathan Chase**
13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)
14. Maiden name **Panny Hughes**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Nathan Chase**
(b) Address **Campbell, Mo., Rt 1**

17. (a) **Burial** (b) Date thereof **July 31, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Vincent**

18. (a) Signature of funeral director **friends**

(b) Address **Campbell, Mo., Rt 1**

19. (a) **7-31-42** (b) **Mrs. L. P. Oliver**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Dunklin**
(c) City or town **Campbell, Rt 1**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **30th**
year **1942** hour **5:30pm** minute _____ M.

21. I hereby certify that I attended the deceased from **July 29th** to **July 30th** 19 **42**,
that I last saw him alive on **July 30th** 19 **42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Premature birth 7 1/2 months**

Due to _____

Due to _____

Other conditions **15A**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature **Lloyd C. ...** (Date received local registrar) (Registrar's signature)

Address **Malda** Date signed **7-31-42**

Duration
Physician
Underline the cause to which death should be charged statistically.

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

35
00

RECEIVED

District Health Office No. 2,

District File Number 942-1156

Date Filed 9-8-42

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.....

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, fact should be so stated above.