

Registration District No. 172

Primary Registration District No. 5641

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Lafayette

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

(c) Name of hospital or institution:  
Confederate Home, 502 Missouri  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 years  
(Specify whether years, months or days)

In this community 21 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

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

(d) Street No. Confederate Home  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country —

3. (a) PRINT FULL NAME Oscar Franklin Chaney

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

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

6. (b) Name of husband or wife. .... 6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased March 13th 1843  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>95</u>	<u>11</u>	<u>27</u>	.....hr. ....min.

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

10. Usual occupation Civil War Veteran

11. Industry or business retired

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Confederate Home Supt

(b) Address Higginsville, Mo.

17. (a) Burial (b) Date thereof 3/14/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Conf. Home Cem.

18. (a) Signature of funeral director as stated

(b) Address Higginsville, Mo.

19. (a) 3-27-1943 (b) Dr. W.A. Bruestler  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Mar day 13 year 1943 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from Aug 13 1943 to Mar 13 1943 that I last saw him in alive on Mar 12 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis - many years

Due to .....  
Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

Major findings: None

Of operations: None done

Of autopsy: None done

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? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

While at work — (Specify type of place) (e) Means of injury —

23. Signature W.A. Bruestler (M. D. or other) MD  
Address Higginsville Mo Date signed 3/14/43

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 4-5-43

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**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. [Signature]*

Licensed Embalmer No. 4269

P. O. Address Bayanville No

**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.