

FILED FEB 14 1944

Registration District No. 22

Primary Registration District No. 3048

Registrar's No. 2

1. PLACE OF DEATH

(a) County Madaway  
(b) City or town Manville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madaway  
(c) City or town Manville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 701 E 5th St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Charlie Nelson Chaney

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 495-07-9867

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

6. (b) Name of husband or wife Mary Alice Roberts Chaney 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Jan 30 1882  
(Month) (Day) (Year)

8. AGE: Years 61 Months 10 Days 25 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Fondrell Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Labourer

11. Industry or business \_\_\_\_\_

12. Name James Nelson Chaney

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

14. Maiden name Aura Haxton

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

16. (a) Informant Mary Alice Chaney  
(b) Address 701 E 5th Manville Mo

17. (a) Burial (b) Date thereof 12-31-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Campbell Funeral Home  
(b) Address Manville Mo

19. (a) 1-8-44 (b) Amy Barbre  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 25 year 1943 hour 2 minute 52 A.M.

21. I hereby certify that I attended the deceased from 12-20-43 to 19 1943

that I last saw him alive on 12-24 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lip tongue mouth

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions HSA  
(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) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Manville Date signed 12-20-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

24  
1  
2

**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 William Campbell

Licensed Embalmer No. 2620

P. O. Address Marquette 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.**