

FILED FEB 14 1944

Registration District No. 300

Primary Registration District No. 6244

Registrar's No. 2

1. PLACE OF DEATH:

(a) County WASHINGTON

(b) City or town CADET, UNION TOWNSHIP.
(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 5 MONTHS
years, months or days

3. (a) PRINT FULL NAME LEROY EDWARD L. CHANCE

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex M. O

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 17 years

7. Birth date of deceased OCT 17 1931
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>12</u>	<u>2</u>	<u>16</u>	hr. min.

9. Birthplace ST LOUIS, MO.
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business

MOTHER FATHER

12. Name CARTER A. L. CHANCE.

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

14. Maiden name ESTELLE POLITTE

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

16. (a) Informant C. H. L. CHANCE

(b) Address CADET, MO.

17. (a) BURIAL (b) Date thereof 1 5 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OLD MINES, MO.

18. (a) Signature of funeral director BOYER FUNERAL HOME

(b) Address TOTOSI, MO.

19. (a) 1-4-1944 (b) Joseph L. Thurman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WASHINGTON

(c) City or town CADET 110
(If outside city or town limits, write "RURAL") 0

(d) Street No. 1 MI NORTH 3
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 2
year 1944 hour 11 minute 50 P. M.

21. I hereby certify that I attended the deceased from 1-2
1944 to 1-2 1944
that I last saw him alive on 1-2 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia
Influenza.

Due to

Due to

Other conditions 330
(Include pregnancy within 3 months of death)

Major findings: 330

Of operations

Of autopsy

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?

While at work? (Specify type of place) (Specify type of injury)

23. Signature Joseph L. Thurman (M. D. or other)

Address TOTOSI, MO Date signed 1-4-44

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

110000

RECEIVED

District Health Officer No. 4
District File Number 244-343.5
Date Filed 2-12-44

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 C. H. Bayl
Licensed Embalmer No. 4158
P. O. Address Potosi 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.