

Registration District No. 322

Primary Registration District No. 4471

Registrar's No. 1

1. PLACE OF DEATH:  
 (a) County Saline Co  
 (b) City or town Gilliam Mo  
(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 50 years (Specify whether years, months or days)  
 In this community 50 years

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Saline  
 (c) City or town Gilliam Mo  
(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 0

3. (a) PRINT FULL NAME William Johnston Chandler  
 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, Widowed  
 6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
 7. Birth date of deceased March, 2, 1859  
(Month) (Day) (Year)

8. AGE: Years 84 Months 11 Days 14 If less than one day hr. .... min.

9. Birthplace Arrow Rock Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmin'g

12. Name Thomas Chandler

13. Birthplace Don't know  
(City, town, or county) (State or foreign country)

14. Maiden name Maharey Wilson

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

16. (a) Informant Mrs Henry Deis

(b) Address Gilliam Mo.

17. (a) Burial (b) Date thereof Feb, 18, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gilliam Mo.

18. (a) Signature of funeral director Jones and Salzer

(b) Address Slater Missouri.

19. (a) 2-18-44 (b) Mrs. John Giger  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 16  
 year 1944 hour 7 A.M. minute ..... M.

21. I hereby certify that I attended the deceased from 2-15, 1944 to 2-16, 1944  
 that I last saw him in alive on 2-15, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Compression Duration 15hr.

Due to Fall in home

Due to .....

Other conditions Arterio-sclerosis  
(Include pregnancy within 3 months of death)

Major findings: Of operations 186a

Of autopsy 18

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 2-15-44 1944

(c) Where did injury occur? Gilliam Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In Home - Fall on basement step

While at work? No (Specify type of place) (e) Means of injury Head struck step

23. Signature J. W. Gardner (M. D. or other)

Address St. Louis Mo Date signed 2-17-44

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

OFFICE No. \_\_\_\_\_  
Date 3-19-44

**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 Herman Salzer

Licensed Embalmer No. 1831

P. O. Address Slater 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.**