

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33798**
Registrar's No. **306**

FILED OCT 17 1944

Registration District No. **42**

Primary Registration District No. **5135**

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Fish Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Home / Fish Hill Hosp
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME John Mathis Chalk

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17
year 1944 hour _____ minute 6:30 A.M.

21. I hereby certify that I attended the deceased from Aug 30th
1944, to Sept 15, 1944
that I last saw him alive on Sept. 15th 1944
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Bertha Chalk

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased August 7 1892
(Month) (Day) (Year)

Immediate cause of death Respiratory Failure

Due to Lobar Pneumonia

Due to _____

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

8. AGE:

Years	Months	Days	If less than one day
<u>62</u>	<u>63</u>	<u>1</u>	<u>10</u>
			hr. _____ min.

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

10. Usual occupation Farming

11. MOTHER FATHER

12. Name Napoleon Chalk

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

14. Maiden name Sis Tibbitt

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

Major findings:
Of operations _____

Of autopsy _____

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PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Bertha Chalk

(b) Address Fish, Mo. R. 1

17. (a) Burial (b) Date thereof 9-18-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Liberty

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? _____

18. (a) Signature of funeral director Lander Funeral Home

(b) Address Campbell, Mo.

19. (a) 9-27-44 (b) Belle Turner
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Edward H. ...

Address Fish Mo. Date signed _____

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

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 104-134

Date Filed 10-11-44

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 Christina M. Landers

Licensed Embalmer No. 4227

P. O. Address Campbell, Md

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.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of MISSOURI
County of BUTLER } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 2ND day of OCTOBER, 1944, before me appears BERTHA CHALK, who, upon HER oath, states that the original record of ^{birth} death for JOHN MATHIS CHALK, ^{died} Sept 17, 1944, in the State of Missouri, and which was filed at JEFFERSON CITY on , 19 , should be corrected as follows:

Item No. 7 should read BORNED 1882

Instead of 1881

Item No. 8 should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.
(SEAL) Affiant: Bertha Chalk WIFE Relationship.

FISC BFD#1 MISSOURI
Present Address.

Subscribed and sworn to before me this 2ND day of OCTOBER, 1944.

My Commission expires MAY 17TH 1948 Orlin Snain Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

OCT 19 1944

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