DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 10 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5681

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 57

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

1. PLACE OF DEATH
(a) County CALLAWAY
(b) City or town FULTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: CALLAWAY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 DAYS (Specify whether
In this community 20 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CALLAWAY
(c) City or town FULTON
(If outside city or town limits, write "RURAL")
(d) Street No. 310 OAK
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME RAYMOND CHIRNSIDE
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 MARRIED
6. (b) Name of husband or wife GRACE (POWELL) CHIRNSIDE
6. (c) Age of husband or wife if alive years
7. Birth date of deceased FEB. (Month) 8 (Day) 1913 (Year)

8. AGE: Years 32 Months 0 Days 10 If less than one day hr. min.

9. Birthplace PLYMOUTH (City, town, or county) NEB. (State or foreign country)
10. Usual occupation MERCHANT
11. Industry or business
FATHER
12. Name EDWARD CHIRNSIDE
13. Birthplace PLYMOUTH (City, town, or county) NEB. (State or foreign country)
MOTHER
14. Maiden name IDA GEHRT
15. Birthplace FAIRYBURY (City, town, or county) NEB. (State or foreign country)
16. (a) Informant MRS RAYMOND CHIRNSIDE
(b) Address FULTON, MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 20, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation HILL-CREST FULTON
18. (a) Signature of funeral director Glen Y. Maupin
(b) Address 712 Court St. Fulton, Mo.
19. (a) Feb 19, 1945 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 18, year 1945 hour 9 minute 28 A. M.
21. I hereby certify that I attended the deceased from Feb. 10, 1945, to Feb. 18, 1945; that I last saw him alive on Feb. 18, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Extensive 2° Burns of Head, neck, chest, back & upper extremities	8 days
Due to Explosion of gasoline stove	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations none
Of autopsy none

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) accident
(b) Date of occurrence 2/10/45
(c) Where did injury occur? Kingdom City, Lary's Cafe - Callaway, Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Lary's Cafe (Specify type of place)
While at work? yes (e) Means of injury Explosion gasoline stove
23. Signature Henry Drust (M.D. or other) M.D.
Address Fulton, Mo. Date signed 2/19/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 3-9-45

AUG 1 8 1949

MAR 20 1945

MAR 1 3 1949

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 Glen Y. Mangum

Licensed Embalmer No. 272

P. O. Address Fulton, 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.