

FILED AUG 9 1945
Registration District No. 274

Primary Registration District No. 4407

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town La Monte
(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 _____ (Specify whether)
In this community 7.5 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis 80
(c) City or town La Monte 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? Yes No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Salley C. Chipley

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 17 1899
(Month) (Day) (Year)

8. AGE: Years 86 Months 4 Days 16 If less than one day hr. _____ min. _____

9. Birthplace Pleasant Hill Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Seamstress

11. Industry or business _____

12. Name William L. Chipley

13. Birthplace Virginia 1
(City, town, or county) (State or foreign country)

14. Maiden name Lydia A Bonham

15. Birthplace Virginia 1
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Chipley

(b) Address La Monte Mo.

17. (a) _____ (b) Date thereof 7 - 5-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation La Monte Cemetery

18. (a) Signature of funeral director B.F. Parker

(b) Address La Monte Mo.

19. (a) 7-7-45 (b) Mrs Anna Derge
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3 - 45
year 1945 hour 8 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from July 1st to July 3, 1945
that I last saw her alive on July 3, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chor Myocarditis Duration _____

Due to _____

Due to _____

Other conditions Chor. Arteritis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 930 _____

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) (e) Means of injury _____

23. Signature H.W. Cross (M. D. or other) med

Address Quok Noster Mo Date signed July 7

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

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RECEIVED
District Health Officer No. 8
District File Number
Date Filed 8-7-45

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 *B. F. Parker*

Licensed Embalmer No. *1592*

P. O. Address.....

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.