

FILED MAR 11 1946

Registration District No. **128**

Primary Registration District No. **2000**

Registrar's No. **204**

1. PLACE OF DEATH:
 (a) County Greene
 (b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1405 E. Locust St.,
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Greene **39**
 (c) City or town Springfield **2**
(If outside city or town limits, write "RURAL") **6**
 (d) Street No. 1405 E. Locust St.
(If rural, give location) **0**
 (e) Citizen of foreign country? No **0**
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME THOMAS LAFAYETTE CHANDLER

3. (b) If veteran, name war None **3. (c) Social Security** No. None

4. Sex Male **5. Color or race** white **6. (a) Single, widowed, married, divorced** Married

6. (b) Name of husband or wife Vona May Chandler **6. (c) Age of husband or wife if alive** 77 years

7. Birth date of deceased July 19, 1860
(Month) (Day) (Year)

8. AGE: Years 85 Months 7 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Greene County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Carpenter

11. Industry or business Carpentry

12. Name James Chandler

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

14. Maiden name Nannie Akins

15. Birthplace Greene County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Vona May Chandler

(b) Address Springfield Mo.

17. (a) Burial Burial **(b) Date thereof** Mar. 2, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Cem.

18. (a) Signature of funeral director J. W. Klingner & Co.

(b) Address Springfield Mo.

19. (a) 3-2-46 **(b) F. W. Handy**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27
 year 1946 hour 6 minute 35 P. M.

21. I hereby certify that I attended the deceased from 1-24-1944 to 2/12/1946
 that I last saw him alive on 2/13-1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of larynx
 Duration 2 1/2 years

Due to _____

Due to _____

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

Major findings: Of operations H70

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 _____

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 0

23. Signature O. E. Teller **(M. D. or other)** _____
Address Springfield Mo. **Date signed** 2/28/46

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

MOTHER FATHER

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... *Ogden Stone, Jr.*.....

Licensed Embalmer No. *4176*.....

P. O. Address *Springfield*.....

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.

X