

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 6 1946 STANDARD CERTIFICATE OF DEATH

State File No. **6502**
Registrar's No. **15-**

Registration District No. **217** Primary Registration District No. **30453787**

1. PLACE OF DEATH:
(a) County **Mississippi**
(b) City or town **Charleston (rural)**
(c) Name of hospital or institution: **R#2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **20 Years**
In this community **20 Years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Miss. 67**
(c) City or town **Charleston (rural)**
(If outside city or town limits, write "RURAL")
(d) Street No. **R#2** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **None**

3. (a) PRINT FULL NAME Sarah Chandler
3. (b) If veteran, name war. --- 3. (c) Social Security No. ---
4. Sex **F 3** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Bolden Chandler** 6. (c) Age of husband or wife if alive **71** years
7. Birth date of deceased **September 10th 1875**
(Month) (Day) (Year)

8. AGE: Years **70** Months **3** Days **28** If less than one day
hr. min.

9. Birthplace Woodland Miss. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business
12. Name Mat Jennings
13. Birthplace Woodland Miss. 1
(City, town, or county) (State or foreign country)
14. Maiden name Hannah Jennings
15. Birthplace Mantee Miss. 1
(City, town, or county) (State or foreign country)

16. (a) Informant R#2 Charleston, Mo.
(b) Address **Burial**

17. (a) (Burial, cremation, or removal) Oak Grove, Charleston, Mo.
(b) Date thereof **1-10-46**
(Month) (Day) (Year)

18. (a) Signature of funeral director John F. Jennings Jr.
(b) Address **Charleston, Mo.**

19. (a) 2-8-46 (b) Mrs. John Bondurant
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 8th
year **1946** hour **3** minute **P** M.
21. I hereby certify that I attended the deceased from 11-25-1945 to 1-5-1946
that I last saw him alive on **1-5-1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerotic Heart Disease 8 months**
Duration
Due to **Chronic nephritis** 12 months
Due to
Other conditions
‡ (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations **3/18**
Of autopsy
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?
Mo.

While at work? (Specify type of place) (c) Means of injury
23. Signature W. A. Fingal (M. D. Doctor)
Address **204 S. Grand St. Charleston, Mo.** signed **1-11-46**

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

5461

RECEIVED

District Health Office No. 2,

District File Number 346-297

Date Filed 3-4-46

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 John F. Munnelle Jr
Licensed Embalmer No. 3851
P. O. Address Charleston, 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.