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FILED JAN 7 1947

Registration District No. 144

Primary Registration District No. 4234

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Iron

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

(c) Name of hospital or institution: St. Mary's The Ozarks
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital of institution 48 hrs
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Reynolds

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

(d) Street No. 0
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Andrew D. Chilton

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 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 (Day) (Year)

7. Birth date of deceased: Oct 2 1943
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>3</u>	<u>2</u>	<u>11</u>	hr. _____ min. _____

9. Birthplace Shannon Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Ray Chilton

13. Birthplace Reynolds Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name May Phillips

15. Birthplace Shannon Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Ray Chilton

(b) Address Chryslon Mo

17. (a) Burial (b) Date thereof 12-15-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Reynolds Park

18. (a) Signature of funeral director Paul A. Leuchel

(b) Address Van Buren Mo

19. (a) 12-28-46 (b) Miss Mrs Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12
year 1946 hour 10 minute 20 PM

21. I hereby certify that I attended the deceased from Dec 12th to Dec 13th 1946
that I last saw him alive on Dec 13th 1946
and that death occurred on the date and hour stated above.

Immediate cause of death acute lymphoid leukemia Duration ??

Due to possible congenital

Due to acute leukemia 12/46

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

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy AUA

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? T (Specify type of place)

(e) Means of injury _____

23. Signature P. E. Harland (M.-D. or other) mo

Address Shannon, Mo Date signed 12/28/46

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

RECEIVED

Health Officer No. 4
Number 147-7
1-2-47

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, on 12-14-47

....., Registered Apprentice No.
working under my personal supervision.

Signed Phil A. Leuchel

Licensed Embalmer No. 2936

P. O. Address Van Buren 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.