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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 30 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 164

Primary Registration District No. 3032

Registrar's No. 124

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution. none (Specify whether)
In this community 60 Yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson, 51
(c) City or town Warrensburg, 2
(If outside city or town limits, write "RURAL") 2
(d) Street No. 413, N. Maguire
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country. U

3. (a) PRINT FULL NAME Frank Chadwick.

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

4. Sex male 0
5. Color or race white 0
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 July 18 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 4 26 hr. min.

9. Birthplace Warrensburg, MO. U
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business.

12. Name Charles Chadwick. 9

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

14. Maiden name Hattie Dunbar
15. Birthplace unknown unknown U
(City, town, or county) (State or foreign country)

16. (a) Informant M. G. Draper, Jr. 1

(b) Address Warrensburg, MO.

17. (a) burial. (b) Date thereof 12/14/46.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Sunset Hill

18. (a) Signature of funeral director. Sweeney Phillips.

(b) Address Warrensburg, MO.

19. (a) Dec. 13 1946 (b) Sweeney Phillips
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12
year 1946 hour 4 minute P.M.

21. I hereby certify that I attended the deceased from Sept 23
1946 to Dec 12 1946.

that I last saw him alive on Dec 12 1946
and that death occurred on the date and hour stated above.

Immediate cause of death. Chronic Myocarditis 2 yrs
Duration

Due to Myocardial Infarction 4 yrs
Chronic Arteriosclerosis

Due to _____

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

Major findings: Of operations. ASD

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 _____

(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. 0

Signature _____ (M. D. or other)

Address Warrensburg Date signed Dec 13/46

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

MOTHER FATHER

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(Licensed Embalmer's Statement on Reverse Side)

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 R. Q. Phillips.
Licensed Embalmer No. 2320
P. O. Address Warrensburg 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.