

Registration District No. **175**

Primary Registration District No. **5648**

1. PLACE OF DEATH:

(a) County **Lawrence**
(b) City or town **rural - Mt Pleasant Twp**
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ (Specify whether _____)
In this community **Life** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Lawrence**
(c) City or town **rural - Mt Pleasant Twp**
(If outside city or town limits, write "RURAL")
(d) Street No. **3 mi So Sarcoxie**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Clarence Chandler

3. (b) If veteran, name war **no**

3. (c) Social Security No. **no**

4. Sex **m**

0

5. Color or race **wh**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Jess**

6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased

May 24 - 1884
(Month) (Day) (Year)

8. AGE:

Years **62** Months **6** Days **14** If less than one day hr. min.

9. Birthplace

Sarcoxie Mo
(City, town, or county) (State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

12. Name **Conrad Chandler**

13. Birthplace

Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name

Jessie Browning

15. Birthplace

Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant

Jessie Chandler

(b) Address

Wentworth Mo

17. (a) **Burial**

(b) Date thereof **12-19-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

Sarcoxie Mo

18. (a) Signature of funeral director

Jackson Sam

(b) Address

Sarcoxie Mo

19. (a) **Dec. 14 - 46**

(b) **Ora Mc Natt**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **8th** year **1946** hour **9** minute **50 P** M.

21. I hereby certify that I attended the deceased from **Dec 8** 19**46**, to **December 8** 19**46** that I last saw him alive on **December 8** 19**46** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion** Duration **30 min**

Due to _____

Due to _____

Other conditions **Rheumatoid arthritis**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy **94 A**

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 **J.E. Kilbane M.D.** (M. D. or other) **O**
Address **Sarcoxie Mo** Date signed **Dec 9, 46**

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

RECEIVED

District Health Officer No. 8,

File No. 1246-1245

DEC 19 1946

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 me

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

Signed Wm K. Jackson

Licensed Embalmer No. 3954

P. O. Address. Larcaine Md

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.