

No. 2  
12-45  
17-39  
X47070

**FILED** Aug 25 3 43  
Registration District No. **1947**

Primary Registration District No. **5655**

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

**1. PLACE OF DEATH:**

(a) County **Lawrence**

(b) City or town **Mt. Vernon**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**Missouri State Sanatorium** **0**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **8 days**  
(Specify whether  
In this community **8 days**  
years, months or days)

**3. (a) PRINT FULL NAME** **Mattie Frances Chalmers**

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

**3. (c) Social Security** No. **None**

**4. Sex** **Female** **5. Color or race** **White**

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

**6. (b) Name of husband or wife** **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years

**7. Birth date of deceased** **August 10 1872**  
(Month) (Day) (Year)

**8. AGE:** Years **74** Months **11** Days **20**  
If less than one day hr. min.

**9. Birthplace** **Roseland Missouri**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Housekeeping**

**11. Industry or business** \_\_\_\_\_

**MOTHER FATHER**

**12. Name** **John L. Gray**

**13. Birthplace** **Unknown Ohio**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **Laura E. Johnson**

**15. Birthplace** **Henry County Missouri**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **E. McMichael, Record Clerk**

**(b) Address** **Mo. State San. Mt. Vernon, Mo.**

**17. (a) Removal** **(b) Date thereof** **7-30-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Windsor Mo.**

**18. (a) Signature of funeral director** **Geo B On**

**(b) Address** **Mo. Vernon Mo**

**19. (a) Date received by registrar** **(b) Registrar's signature** **Dr. Phillips**

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Henry** **42**

(c) City or town **Windsor**  
(If outside city or town limits, write "RURAL") **2**

(d) Street No. **605 South Main**  
(If rural, give location) **0**

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **July** day **30th**  
year **1947** hour **7:05** minute **AM**

**21. I hereby certify that I attended the deceased from** **July 22**, 19 **47** to **July 30**, 19 **47**  
that I last saw him or her alive on **July 30**, 19 **47**  
and that death occurred on the date and hour stated above

Immediate cause of death **At heart failure** **Duration** \_\_\_\_\_

Due to **Bi-lateral Bronchiectasis & Pulmonary fibrosis**

Due to \_\_\_\_\_

Other conditions **107**  
(Include pregnancy within 3 months of death)

**Major findings:** **Pulmonary congestion, broncho pneumonia, markedly dilated left ventricle.**

**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 \_\_\_\_\_

**23. Signature** **Ch Hellweg M.D.** (M. D. or other) **7-30-47**

**Address** **Mt. Vernon Mo** **Date signed** \_\_\_\_\_

RECEIVED

District Health Officer No. 6,

District File Number 847-900

Date Filed AUG. 27 1947

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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.....

Licensed Embalmer No. 946

P. O. Address 24th Vernon, 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.