

S. No. 2
M-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30393**

FILED SEP 22 1947

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1118

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
1719 Bartlett Street
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 1719 Bartlett Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Steven Chandler

3. (b) If veteran, name war No

3. (c) Social Security No. 483-12-1017

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15th year 1947 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 15th 1947 to _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

4. Sex Male **5. Color or race** Negro

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 January 2 1947
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis Duration _____

8. AGE:

Years	Months	Days	If less than one day
<u>54</u>	<u>8</u>	<u>13</u>	_____ hr. _____ min.

Due to _____

Due to _____

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

Major findings: 94A

Of operations _____

Of autopsy _____

9. Birthplace Smithgrove Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business Janitor

12. Name Samuel Chandler 9

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

14. Maiden name Mary Roundtree

15. Birthplace Smithgrove Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edna Thomas

(b) Address 211 West Kansas Ave.

17. (a) Burial **(b) Date thereof** Sept. 19, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Wm. H. Alexander

(b) Address St. Joseph, Mo

19. (a) 9-18-47 **(b) E. G. Jenkins**
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature B.W. Tadlock **(M.D. or other)** Coroner

Address King Hill Bldg **Date signed** 9/19/47

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

MOTHER FATHER

St Joseph Mo

1281

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..... *Wm. H. Alexander*

Licensed Embalmer No. *4450*

P. O. Address..... *St. Joseph, 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.