

FILED JUL 16 1948

Registration District No. 25

Primary Registration District No. 4154

State File No. \_\_\_\_\_

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Dade  
(b) City or town Greenfield, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Smith Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life Long  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dade 29  
(c) City or town Greenfield, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Frank Chatham

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

4. Sex M D 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Cora Kirby 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased April 15 1867  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>2</u>	<u>20</u>	hr. _____ min.

9. Birthplace Unknown (City, town, or county) (State or foreign country) 4

10. Usual occupation Retired Farmer

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

MOTHER FATHER { 12. Name Thomas Chatham  
13. Birthplace Ill. (City, town, or county) (State or foreign country)  
14. Maiden name Anna Wakefield  
15. Birthplace Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Roy Chatham

(b) Address Hollywood Calif.

17. (a) Burial (b) Date thereof 7/9/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Corry Cemetery

18. (a) Signature of funeral director W.R. Allison

(b) Address Greenfield, Mo.

19. (a) 7-9-48 (b) Wesley New  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5  
year 1948 hour 3:00 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from 7/1/48  
\_\_\_\_\_ 19. to 7/5/48 19. \_\_\_\_\_  
that I last saw h. unlive on 7/5/48 19. \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompen - sation Duration 1 1/2

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

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 950 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) Means of injury \_\_\_\_\_

23. Signature Wesley New (Date signed) 7/6/48  
Address Greenfield, Mo.

RECEIVED

District Health Officer No. 67

District File Number 748-814

Date Filed JUL 15 1943

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.....

George W. Newcomb, Registered Apprentice No. 30  
working under my personal supervision.

Signed W. R. Allison  
Licensed Embalmer No. 4404  
P. O. Address Greenfield,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.