

FILED DEC 15 1948

Registration District No. 353

Primary Registration District No. 6196

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Texas  
(b) City or town Licking  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location) \_\_\_\_\_  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 14 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Texas  
(c) City or town Licking  
(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 Chestlin Wayne Friend

3. (b) If veteran, ✓ name war \_\_\_\_\_  
3. (c) Social Security No. ✓

4. Sex MO 5. Color or race W 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 Oct 10, 1933  
(Month) (Day) (Year)

8. AGE: Years - Months Days If less than one day  
15 1 8 hr. min.

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

10. Usual occupation Child

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

12. Name Herry Friend  
13. Birthplace Houston MO  
(City, town, or county) (State or foreign country)  
14. Maiden name Herry Harris  
15. Birthplace Houston MO  
(City, town, or county) (State or foreign country)

16. (c) Informant Joe Friend

(b) Address Licking MO

17. (a) Burial (b) Date thereof 11-26-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oporelpe Hill

18. (a) Signature of funeral director Smith Ferguson

(b) Address Licking MO

19. (a) 11/28/48 (b) Elmora Hesse  
(Date received by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24  
year 1948 hour 3 minute 35A M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis Duration \_\_\_\_\_

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 31 B

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) Manner of injury \_\_\_\_\_

23. Signature Leslie Randall (M. D. or \_\_\_\_\_) MO

Address Licking MO Date signed 11/26/48

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

MOTHER, FATHER

RECEIVED 12-9-48  
District Health Officer No. 5,  
District File Number 1248739  
Date Filed 12-9-48

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 Erbert E. Ferguson

Licensed Embalmer No. 3945

P. O. Address Locking Ms

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.