

FILED MAR 12 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6620

Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 318
 (b) Township 1 Primary Registration District No. 2001 Registered No. 134
 (c) City Springfield (d) Street No. 0 Springfield Baptist Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 5311 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Samuel W. Chandler
 (a) Residence, No. Cassville, Missouri St. Cassville, Missouri
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Eva Chandler</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 18, 1858</u>		
7. AGE <u>81</u>	YEARS <u>6</u>	MONTHS <u>20</u>
8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc. <u>Doctor</u>		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as saw mill, bank, etc. <u>Medicine</u>		
10. Date deceased last worked at this occupation (month and year) <u>Dec. 1930</u>		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Vandalia Illinois</u>		
13. NAME <u>William Britttian Chandler</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Illinois</u>		
15. MAIDEN NAME <u>Martha J. Nicols</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Unknown</u>		
17. INFORMANT <u>C. C. Chandler</u> (ADDRESS) <u>Cassville, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washburn</u> DATE <u>Feb. 11, 1940</u>		
19. FUNERAL DIRECTOR (NAME) <u>Koon Funeral Home</u> (ADDRESS) <u>Cassville, Missouri</u>		
20. FILED <u>2/15/40</u> 19 <u>Chas. A. Duff</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1939 to Jan 8, 1940
 I last saw him alive on Feb 6, 1940. Death is said to have occurred on the date stated above, at 12:45 P.M.
 The principal cause of death and related causes of importance were as follows:
Coronary occlusion
 Date of onset Dec 7, 1939
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Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify Charles A. Spears M. D.
 (Signed) Charles A. Spears (Address) Cassville, Missouri

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,

Eugene Wood

or by

Registered Apprentice No. working under my personal supervision.

Signed

Eugene Wood

Licensed Embalmer No.

3804

P. O. Address

Cassville 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, above space should be left blank.

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