

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

JUL 6 1939

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

23067

Do not use this space.

1. PLACE OF DEATH

(a) County Ray Registration District No. 744
 (b) Township Richmond Primary Registration District No. 3035
 (c) City Paris Mo. (d) Street No. _____
 (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 227

2. PRINT FULL NAME

William Francis Chaney
 (a) Residence, No. _____ St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lothie Louise Chaney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18-1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
27 1 11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Drunk Driver
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Lexington Mo. (STATE OR COUNTRY)

13. NAME Ed Chaney

14. BIRTHPLACE (CITY OR TOWN) Lexington Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Ida Smidhon

16. BIRTHPLACE (CITY OR TOWN) Lexington Mo. (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Wm. L. L. Chaney.

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19 _____

19. FUNERAL DIRECTOR (ADDRESS) Brothers Funeral Home

Richmond Mo.

20. FILED June 27, 1939 W. L. Jackson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

Ruptured aneurysm of the Aorta

Date of onset ?

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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? no

If so, specify _____

(Signed) W. L. Jackson M. D.

(Address) Richmond, Mo.

RECEIVED FILED STATE
INDEX CARD RETURNED TO DISTRICT
DATA

STATEMENT BY LICENSED EMBALMER

I, JOB Brothers, Licensed Embalmer No. 2001
hereby certify that the body recorded on the reverse side of this certificate was embalmed by JOB Brothers
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed Brothers Funeral Home
JOB Brothers
Licensed Embalmer No. 2001

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.)