WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

SEC 10 APR 23 1938

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

Do not use this space. 9529

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 349
(b) Township Kaw — Primary Registration District No. 1002 — Registered No. 994
(c) City Kansas City, Mo. (d) Street No. 4319 Chestnut 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Wallace Chitwood 330
(a) Residence, No. 4319 Chestnut 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): Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Susie Chitwood
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 4, 1869
7. AGE: YEARS 68 — MONTHS 3 — DAYS 28 — If LESS than 1 day, ..... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

FATHER
13. NAME: John J. Chitwood
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

MOTHER
15. MAIDEN NAME: Martha Jackson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): Mrs. Edna Mildred Hudson, 4319 Chestnut
18. BURIAL, CREMATION, OR REMOVAL — PLACE: Forest Hill — DATE: Mar. 4, 1938
19. FUNERAL DIRECTOR (ADDRESS): R. V. Lindsey & Sons, 3811 Broadway
20. FILED: Mch 3, 1938 M. M. Orowe, Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar. 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1938, to March 2, 1938
I last saw him alive on March 1, 1938. Death is said to have occurred on the date stated above, at 3:20 A.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral haemorrhages | 1/3-38 |
| Second one | 2/25-38 |

Other contributory causes of importance: High Blood pressure

Name of operation: — Date of:
What test confirmed diagnosis? — Was there an autopsy? No

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) J. J. McCalman, M. D.
(Address) 3860 Brooklyn Ave

(Licensed Embalmer's Statement on Reverse Side)

Dr. McCalman
3850 Brooklyn (Cor 39 v Brooklyn)
1-4

**STATEMENT BY LICENSED EMBALMER**

I, George W Ernst, Licensed Embalmer No. 4003

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed George W Ernst

Licensed Embalmer No. 4003

**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.)**