DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28269

REC'D SEP 6 1939

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3271

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: General Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 1224 Holmes Street.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME John CHELLEW. 400

3. (b) If veteran, name war Unk.

3. (c) Social Security No. no number ~~Unk.~~

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive Unk years

7. Birth date of deceased October (Month) 12 (Day) 1866 (Year)

8. AGE: Years 72 Months 9 Days 22 If less than one day ..... hr. ..... min.

9. Birthplace Kevenan (City, town, or county) Michigan (State or foreign country)

10. Usual occupation Retired Detective.

11. Industry or business

FATHER
12. Name William Chellew.
13. Birthplace ..... (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Ginofor James
15. Birthplace ..... (City, town, or county) England (State or foreign country)

16. (a) Informant's own signature Mrs. Grace MacDuff
(b) Address Detroit Michigan.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/18/39 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Mellody-McGilley.
(b) Address K. C. Mo.

19. (a) 8/18/39 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 4
year 1939 hour 7:10 P.M. M.

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

Immediate cause of death ..... Duration

Acute pulmonary edema

Due to Acute vegetative endocarditis

Due superimposed on a chronic sclerotic aortic valvulitis

Other conditions ..... (Include pregnancy within 3 months of death)

92a

Major findings:
Of operations .....
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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature [signature] (Name of other)
Address K. C. Mo Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 I X19511

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.....

Licensed Embalmer No.....

P. O. Address.....

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.