DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38733

DEC 11 1939

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4497

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:
K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 25 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No. 3404 Independence Avenue
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary Ellen Chitwood 330

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Andrew Lee Chitwood

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Feb (Month) 12, (Day) 1871 (Year)

8. AGE: Years 68 Months 9 Days 15 If less than one day ..... hr. ..... min.

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

10. Usual occupation Homemaker

11. Industry or business

FATHER
12. Name Dennis H. Wright
13. Birthplace ..... (City, town, or county) Tenn (State or foreign country)

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

16. (a) Informant's own signature Andrew Chitwood
(b) Address 3404 Indep Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 29, 39 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director C. H. Blackman & Son
(b) Address Kansas City Mo.

19. (a) Nov. 27 1939 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27th
year 1939 hour 1 minute 40 A.M. M.

21. I hereby certify that I attended the deceased from 11-26, 1939 to 11-27-39;
that I last saw her alive on 11-27-39, 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None	

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 [illegible] (M. D. or other)
Address Supt. K.C. Gen. Hospital 11-27-39

(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 H D Bleckman

Licensed Embalmer No. 3639

P. O. Address K C 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.