S. No. 2
11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SEP 16 1940

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 27977

Registrar's No. 875

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

11
5
7

1. PLACE OF DEATH:

(a) County: Buchanan

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

(c) Name of hospital or institution: 1020 Henry Street. 2,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: None (Specify whether
In this community: 25 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan

(c) City or town: St. Joseph
(If outside city or town limits write "RURAL")

(d) Street No.: 1020 Henry Street.
(If rural, give location)

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

8. (a) PRINT FULL NAME: Ada C. Chesebro 216

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Edwin Chesebro

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

7. Birth date of deceased: October (Month) 7 (Day) 1876 (Year)

8. AGE: Years 63 Months 10 Days 1 If less than one day ____ hr. ____ min.

9. Birthplace: Calaway County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: At Home

11. Industry or business:

FATHER
12. Name: Benjamine Linn
13. Birthplace: Unknown (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name: Sally Adkins
15. Birthplace: Richmond, Virginia (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Minnie Sprengel
(b) Address: 1020 Henry Str. St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 10, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Ashland Cemetery

18. (a) Signature of funeral director: H.O. Sidenfaden & Son
(b) Address: 1802 Union Str. St. Joseph, Mo.

19. (a) Aug 10-1940 (Date received local registrar) H. Westhues (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8th year 1940 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 19 1937 to Aug 8 1940; that I last saw her alive on Aug 18 1940; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage Duration Aug 6/40

Due to: Arteriosc. gen - Hypertension

Due to:

Other conditions: Diab Mel - 1940
(Include pregnancy within 3 months of death)

Major findings:
Of operations: 54

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: Frank Lodor Degani M. D. or other

Address: Kempton Mo. Date signed: 8/9/40

(Licensed Embalmer's Statement on Reverse Side)

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 Robert P. Clarkson.

Licensed Embalmer No. 4028

P. O. Address St. Joseph, 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.