

FILED JAN 22 1946

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42440

Registration District No. 516

Primary Registration District No. 5682

Registrar's No.

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Whelley
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Robert H. Chittick

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Susan Chittick 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased June 10 1868
(Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days 0 If less than one day ✓ hr. ✓ min.

9. Birthplace Canada (City, town, or county) (State or foreign country) ✓ 2

10. Usual occupation Farmer

11. Industry or business ✓

MOTHER FATHER { 12. Name Robert Chittick
13. Birthplace Ireland (City, town, or county) (State or foreign country)
14. Maiden name Ester Madell
15. Birthplace Canada (City, town, or county) (State or foreign country)

16. (a) Informant Carrie Rogman

(b) Address 32337. 64th St. Chicago

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 13/15/41 (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood Cem.

18. (a) Signature of funeral director James Gordon

(b) Address Chillicothe, Mo.

19. (a) Dec 15/41 (Date received local registrar) (b) Janetta Switzer (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn
(c) City or town Whelley (If outside city or town limits, write "RURAL") 0-959
(d) Street No. ✓ (If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10 year 1941 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 19 1941, to Dec 10 1941;
that I last saw him alive on December 10 1941;
and that death occurred on the date and hour stated above.
Immediate cause of death Heart failure Duration

Due to Senility

Due to 162 P

Other conditions (Include pregnancy within 3 months of death)

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature E. H. Robinson (M. D. or other) DO

Address Whelley Date signed Dec 11/41

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

9
0
0

OCT 21 1949

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 Donald F. Gordon

Licensed Embalmer No. 4191

P. O. Address Chillicothe, 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, fact should be so stated above.