

FILED AUG 19 1942
Registration District No. **149**

Primary Registration District No. **1002**

48
83
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City Mo.**
(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 **none / Day**
(Specify whether years, months or days) **3 months**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**
(c) City or town **Kansas City Mo.** **3**
(If outside city or town limits, write "RURAL") **8**
(d) Street No. **7516 Madison**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) **0**
If yes, name country **0**

3. (a) PRINT FULL NAME **Mrs. AVIS A CHASE.**

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 **Married**

6. (b) Name of husband or wife **Loren Chase.** 6. (c) Age of husband or wife if alive **38** years

7. Birth date of deceased **May 26, 1904**
(Month) (Day) (Year)

8. AGE: Years **38** Months **2** Days **18** If less than one day hr. min.

9. Birthplace **Willow Lakes S. Dakota**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **George C. Berg**

12. Name **George C. Berg**

13. Birthplace **Delphis**
(City, town, or county) (State or foreign country)

14. Maiden name **Ruth Hendrick**

15. Birthplace **South Dakota**
(City, town, or county) (State or foreign country)

16. (a) Informant **Loren Chase**
(b) Address **7516 Madison K.C. Mo**

17. (a) Removal (b) Date thereof **8/14/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Logansport S. Dak.**

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

19. (a) **8/14/42** (b) **M. M. Grome**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month **August** day **14**
year **1942** hour **11:07** minute **pm** M.

21. I hereby certify that I attended the deceased from **Crown**, 19____
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Sodium fluoride**

Due to **Poisoning**
Due to **Drank Sodium fluoride**

Other conditions (Include pregnancy within 3 months of death) **16 3/4**

Major findings: Of operations _____
Of autopsy **See above**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Suicide**
(b) Date of occurrence **8/14/42**
(c) Where did injury occur? **7516 Madison K.C. Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home

While at work? **not** (Specify type of place) (e) Means of injury **8/14/42**
23. Signature **M. M. Grome** (M. D. or other) **8/14/42**
Address **Crown** Date signed **8/14/42**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

176
10:10
10/1

name
address

H
name

82

18
William Jackson & Baker

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.....

working under my personal supervision.

Registered Apprentice No.

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, fact should be so stated above.