S. No. 2
—1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

29370

State File No.

FILED OCT 5 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3448

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: Trinity Luthern Hospital O (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 1 day years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Johnson 447 14

(c) City or town Merriam Kansas 0 (If outside city or town limits, write "RURAL")

(d) Street No. Rural (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME Salina-Alice Chase

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife Jesse Chase

6. (c) Age of husband ~~or wife~~ if alive 74 years

7. Birth date of deceased Nov (Month) 30 (Day) 1869 (Year)

8. AGE: Years 72 Months 89 Days 18 If less than one day ___ hr. ___ min.

9. Birthplace Gilman (City, town, or county) Ill 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ✓

FATHER
12. Name Wm England
13. Birthplace Mat Yarmouth (City, town, or county) England 4 (State or foreign country)

MOTHER
14. Maiden name Alice Ann Home
15. Birthplace Mobile (City, town, or county) Ala 1 (State or foreign country)

16. (a) Informant Jesse Chase

(b) Address Merriam Kansas

17. (a) Antioch Cemetery (Burial, ~~cremation, or removal~~) (b) Date thereof Sept 20 (Month) (Day) 1942 (Year)

(c) Place: burial or cremation Antioch Cemetery

18. (a) Signature of funeral director Rimsey Funeral Home

(b) Address Mission Kansas

19. (a) 9/20/42 (Date received local registrar) (b) M M Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18 year 1942 hour 6 o'clock minute a M.

21. I hereby certify that I attended the deceased from Sept 17, 1942 to Sept 18, 1942 that I last saw her alive on Sept 17, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemmorrhage

Due to Hypertension 92 [illegible]

Due to

Other conditions Chronic Myocarditis (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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? Merriam (City or town) Johnson (County) Kan (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 W A Carr M.D. (M.D. or other)

Address 4509 W 59th Mission Kan Date signed

361

(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.....

Licensed Embalmer No. 4165

P. O. Address Muscin Kansas

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.