V. S. No. 2
50M—5-42
v. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22125

FILED JUL 10 1949

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 197

80
6
4

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

1. PLACE OF DEATH:
(a) County PETTIS
(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1001 E. 4th 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 34 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County PETTIS 80
(c) City or town SEDALIA 6
(If outside city or town limits, write "RURAL")
(d) Street No. 1001 E. 4th 4
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JESSE ALBERT CHADWICK

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

4. Sex MO
5. Color or race W
6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife ANNA A.
6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased 12 (Month) 12 (Day) 1874 (Year)

8. AGE: Years 68 Months 5 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace MONROE CITY (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation RETIRED MACHINIST

11. Industry or business RAILROAD

FATHER
12. Name WILLIAM CHADWICK
13. Birthplace LIVERPOOL (City, town, or county) ENGLAND 4 (State or foreign country)

MOTHER
14. Maiden name ELLEN W SMITH
15. Birthplace COLUMBUS (City, town, or county) OHIO 1 (State or foreign country)

16. (a) Informant MRS ANNA CHADWICK
(b) Address SEDALIA

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-14-43 (Month) (Day) (Year)
(c) Place: burial or cremation CROWN HILL

18. (a) Signature of funeral director Gillespie
(b) Address SEDALIA

19. (a) 6/12/43 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 11th
year 1943 hour 1 minute A M.

21. I hereby certify that I attended the deceased from 11-20, 1942, to 6-11, 1943; that I last saw him alive on 6-10, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia — Duration 3 days

Due to Chronic nephritis

Due to .....

Other conditions Addisonian anemia
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

131 P

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 0

23. Signature J. M. Rodeman (M. D. or other) MD
Address Sedalia, Mo Date signed 6-11-43

1022

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 7-22-43

JUL 26 1943

SEP 22 1943

AUG 24 1944

NOV 28 1945

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 L. E. Boulehin

Licensed Embalmer No. 3867

P. O. Address Berlin Me

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.