

FILED JAN 3 1944

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **K. C. General Hospital No. 11**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **14 hrs. 10 mins.**
(Specify whether
In this community **14 yrs.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **4014 Spruce**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Callie Watley**

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

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **imp** 6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **May 12 18 1876**
(Month) (Day) (Year)

8. AGE: Years **67** Months **7** Days **3** If less than one day **hr. min.**

9. Birthplace **USA**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business

MOTHER FATHER { 12. Name **Joseph Chastain**
13. Birthplace **USA**
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah Ruffoon**
15. Birthplace **Va**
(City, town, or county) (State or foreign country)

16. (a) Informant **Hubert C. Watley**

(b) Address **1101 Crisp - Fairmount no**

17. (a) **Removal** (b) Date thereof **Dec - 15 - 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Norfolk Ark**

18. (a) Signature of funeral director **Wm C R Furton**

(b) Address **918 Brooklyn**

19. (a) **12-16-43** (b) **H. E. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **15**
year **1943** hour **9** minute **A.** M.

21. I hereby certify that I attended the deceased from **December 14 1943** to **December 15 1943**; that I last saw her alive on **December 15 1943**; and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocardial infarction-Bronchopneumonia** Duration

Due to **94a**

Other conditions (Include pregnancy within 3 months of death)

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

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) (c) Means of injury
23. Signature **Drury R. Flannery** (M. D. or other)
Address **Med. Div. Gen'l Hosp.** Date signed **12-15-43**

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

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 Renzil P. Blouin

Licensed Embalmer No. 2224

P. O. Address J. P. ...

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.