

**FILED MAR 15 1944**  
Registration District No. **42**

Primary Registration District No. **100.0**

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
2707 Penn Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Not  
(Specify whether years, months or days)

In this community 46 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 2707 Penn Street  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Joseph Washington Chinn

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 20 years  
(Month) (Day) (Year)

7. Birth date of deceased December 20 1963  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>80</u>	<u>1</u>	<u>22</u>	hr. min.

9. Birthplace Ashland Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired School Teacher

11. Industry or business

MOTHER FATHER {

12. Name Willis Chinn

13. Birthplace Ashland Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Snow

15. Birthplace Unknown Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Pebe Griffin

(b) Address 2707 Penn St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof 2/15/1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stewartsville

18. (a) Signature of funeral director Walter Weierhoffer

(b) Address 1302 Faraon St. St. Joseph, Mo.

19. (a) 2-15-44 (b) Roe Herzog  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12th year 1944 hour 6:00 minute A.M.

21. I hereby certify that I attended the deceased from March 1 1944 to February 12 1944  
that I last saw him alive on February 9 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis (Cerebrovascular accident)

Due to General Arterio Sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 83a1

Of operations

Of autopsy

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 Walter Weierhoffer M. D. or other

Address St. Joseph, Mo. Date signed 2/14/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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 *Albert E. Harrington*.....

Licensed Embalmer No..... 3258 Missouri

P. O. Address..... St. Joseph, Missouri.

**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.**