S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 6 1944

Registration District No. 177

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 9731

Registrar's No. 1283

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: 1303 EAST 61ST STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---
(Specify whether In this community 55 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1303 EAST 61ST STREET 8
(If rural, give location)

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

If yes, name country ---

3. (a) PRINT FULL NAME MR. CHARLES HOMER CHICK

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 MARRIED

6. (b) Name of ~~husband or~~ wife MRS. ELLA JANE CHICK

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased July (Month) 19 (Day) 1888 (Year)

8. AGE: Years 55 Months 8 Days 1 If less than one day ___ hr. ___ min.

9. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation POLICEMAN - POLICE DEPT.

11. Industry or business CLASS "A" PATROLMAN

FATHER
12. Name JOHN W. CHICK
13. Birthplace (City, town, or county) Mo O (State or foreign country)

MOTHER
14. Maiden name LUCY ROY
15. Birthplace (City, town, or county) Mo. O (State or foreign country)

16. (a) Informant Ella Jane Chick
(b) Address 1303 E 61st. St

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-22-44 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Memorial Park

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 3-22-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 20TH year 1944 hour 4 minute 00 P. M.

21. I hereby certify that I attended the deceased from 7.10.42, 19__, to 3.8, 1944 that I last saw him alive on 3.8, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Starvation	6 mos
Due to Carcinoma of Pharynx	6 mos
Due to Carcinoma of Larynx	2 1/4 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 47a
Of autopsy

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 —

23. Signature Harry C. Lapp O (M. D. or other) Md.

Address 1103 Grand Date signed 3.21.44

(Licensed Embalmer's Statement on Reverse Side)

Professional Bedy

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 H C Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K C Mo.

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.