S. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 11 1944

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 13593

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1880

**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: 2645 Indiana / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether

In this community 1919 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MO (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 5

(d) Street No. 2645 Indiana (If rural, give location) 8

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

If yes, name country 1

**3. (a) PRINT FULL NAME** John C. Chastain

3. (b) If veteran, name war none

3. (c) Social Security No. none

male

5. Color or race white

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased October 20, 1870 (Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 73 | 6 | 5 | hr. min. |

9. Birthplace Gainesville Ga / (City, town, or county) (State or foreign country)

10. Usual occupation Watchman

11. Industry or business Protection

FATHER
12. Name unknown
13. Birthplace unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Herbert Chastain

(b) Address Oakland Cal

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 5-2-44 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill

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

(b) Address 3146 Main St.

19. (a) 5-1-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 25th year 1944 hour minute M.

21. I hereby certify that I attended the deceased from ..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart

Due to Disease

Due to

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations

Of autopsy Inspection & History

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? (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 A. E. Ussher (M. D. or other) M.D.

Address 23 McCoy Date signed 4/27/44

(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 Paul G Rowe

Licensed Embalmer No. 2347

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.**