

7. S. No. 2
DOM-2-43
rv. 5-17-39
P-I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 22 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40027
State File No. _____
Registrar's No. 4897

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. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 9-6-1944
(Specify whether
In this community 9-6-44
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Johnson
(c) City or town Merriam
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME BESS CHASE

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, divorced, Surge
(b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 9 - 1893
(Month) (Day) (Year)

8. AGE: Years 51 Months 4 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Merriam Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Draftsman

MOTHER FATHER

11. Industry or business _____
12. Name James Albert Chase
13. Birthplace Merriam Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Esther England
(State or foreign country)
15. Birthplace Gilbert Ill
(City, town, or county) (State or foreign country)

16. (a) Informant John Chase
(b) Address 571 Walnut Johnson County, Kas
17. (a) burial (b) Date thereof 12-3-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Patrols Merriam KS

18. (a) Signature of funeral director W. E. Brown
(b) Address Merriam Kansas
19. (a) Dec 5, 1944 (b) W. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3rd
year 1944 hour 6 minute 20 P. M.

21. I hereby certify that I attended the deceased from 9-6-1944, 19 _____ to 12-3-1944, 19 _____
that I last saw her alive on 12-3-1944, 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of antrum Duration _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy None 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) _____ Means of injury _____
23. Signature W. E. Brown (M. D. or other) MD.
Address Med. Dir. K.C. Gen. Hospital Date 12-4-1944

MAY 23 1946

MAY 21 1946

MAY 21 1946

MADE IN U.S.A.

U.S. GOVERNMENT PRINTING OFFICE

1945 O-28-0

DEC 21 1945

MADE IN U.S.A.

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

Licensed Embalmer No. 4165

P. O. Address Mission House

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.