

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36898**
Registrar's No. **5017**

Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution **General Hospital No. 1**
(d) Length of stay: In hospital or institution **14 days**
In this community **19 YEARS**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **915 Penn**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **ANDREW Elmer Chaney**
(b) If veteran, name war **No**
(c) Social Security No. **NONE**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov.** day **28**
year **1946** hour **10** minute **25 A.M.**

4. Sex **MALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **MRS. JENNIE F. CHANEY**
6. (c) Age of husband or wife if alive **66** years
7. Birth date of deceased **JULY 12 1867**

21. I hereby certify that I attended the deceased from **Nov. 14 1946** to **Nov. 28 1946**; that I last saw him alive on **Nov. 28 1946** and that death occurred on the date and hour stated above.

8. AGE: Years **79** Months **4** Days **16**
If less than one day _____ hr. _____ min.

Immediate cause of death **Uremia-Acute pyelonephritis**
Duration _____

9. Birthplace **MALTON ILLINOIS**

Due to _____

10. Usual occupation **RETIRED**

Other conditions (Include pregnancy within 3 months of death) **1330**

11. Industry or business **BOOK KEEPER**

Major findings: Of operations _____

12. Name **RICHARD CHANEY**

Of autopsy **See above**

13. Birthplace **ILLINOIS**

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

14. Maiden name **LUCY JANE JOHNS**

15. Birthplace **TENNESSEE**

16. (a) Informant **MRS JENNIE F. CHANEY**
(b) Address **915 PENN**

17. (a) **BURIAL** (b) Date thereof **NOV-30-1946**
(c) Place: burial or cremation **MEMORIAL PARK CEM.**

18. (a) Signature of funeral director **D.H. Newcomer Sr.**
(b) Address **1401 BRUSH CREEK BLVD**
19. (a) **11-30-46** (b) **Geraldine Holmes**

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? _____
(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 **Wm W. Hart** (M.D. or other) **MD**
Address **Med. Dir. Gen'l Hosp** Date signed **11-29-46**

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 Melvin Miller

Licensed Embalmer No. 4497

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.