

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22624
3491
Registrar's No. _____

FILED AUG 26 1947

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
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution since 8-7-47
(Specify whether _____)
In this community most of his life
years, months or days

3. (a) PRINT FULL NAME Walter G. Chesnut

3. (b) If veteran, name war no.

3. (c) Social Security No. 487-07-6902

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Mrs. Elizabeth Laird Chesnut 6. (c) Age of husband or wife if alive no. years

7. Birth date of deceased June 30 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

60 1 11 12 hr. min.

9. Birthplace Platte City, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Insurance Adjuster

11. Industry or business X

MOTHER FATHER { 12. Name Garrard Chesnut

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

{ 14. Maiden name Lida Park

{ 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Walter G. Chesnut
(b) Address 426 West 57th St. Kansas City, Mo.

17. (a) burial (b) Date thereof 8-14-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 8-14-47 (b) Theraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 426 West 57th Street
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12
year 1947 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from Aug 5
19, 1947, to Aug 12, 1947
that I last saw him alive on Aug 11, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral vascular
Accident

Due to Arteriosclerosis
with hypertension

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 830

Of autopsy: _____

Duration 20 days

15 yrs

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)

(e) Means of injury _____

23. Signature Dr. Donald M. S. Zailand (M. D. or other) M.D.
Address 315 Alameda Rd. K.C. Mo. Date signed 8/13/47

Dr. E. Wilhelmy
Chicago, Ill.
Chicago, Ill.

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 *J. Clair Sheppard*
Licensed Embalmer No. *4179*
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.