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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 27 1948

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 28903

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 988

**1. PLACE OF DEATH:**

(a) County: Buchanan

(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3225 Monterey St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: no
In this community: 4 years (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Buchanan

(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No.: 3225 Monterey St
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Samuel W. Chilcoat

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

3. (c) Social Security No.: no

4. Sex: Male

5. Color or race: white

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: Sept 18 1873 (Month) (Day) (Year)

8. AGE: Years 74 | Months 11 | Days 25 | If less than one day: hr. min.

9. Birthplace: Franklin County, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Retired Farmer

11. Industry or business:

FATHER
12. Name: James Chilcoat
13. Birthplace: unknown (City, town, or country) unknown (State or foreign country)

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

16. (a) Informant: W. L. Chilcoat
(b) Address: 3225 Monterey St, St. Joseph, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 9-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Seneca, Kansas

18. (a) Signature of funeral director: Barry Funeral Home
(b) Address: St. Joseph, Mo.

19. (a) 9-20-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept day 12 year 1948 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from June 16, 1948 to September 12, 1948; that I last saw him alive on September 6, 1948 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Cardiac-decompensation | 1 mo. |
| Due to: Arterial Sclerosis | 10 yrs. |
| Senile Demendia | 6 mos. |
| Due to: | |
| Other conditions: --- (Include pregnancy within 3 months of death) | |

Major findings:
Of operations: ---
Of autopsy: ---

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): no
(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: C. H. Hermes (M. D. or Coroner)
Address: 221 Kirkpatrick Bldg. Signed 9-14-48
St Joseph, Mo

Jefferson City Printing Co. (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 Victor Barry

Licensed Embalmer No. 4212

P. O. Address St. Joseph Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.