

MISSOURI DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 29697  
Registrar's No. 3580

FILED SEP 18 1948 49  
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  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
629 East 72nd Street /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no.  
In this community 16 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME DeWitt C. Chastain  
3. (b) If veteran, name war NW #1 3. (c) Social Security, No. no.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Mrs. Gertrude Chastain 6. (c) Age of husband or wife if alive unknown years  
7. Birth date of deceased October 29 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 10 2 hr. 0 min.

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

10. Usual occupation Lawyer

11. Industry or business X

12. Name E. N. Chastain

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

14. Maiden name Nannie Berry

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

16. (a) Informant Mrs. Gertrude Chastain

(b) Address 629 East 72nd St., Kansas City, Mo

17. (a) removal (b) Date thereof 9-3-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Butler, Missouri

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 9-2-48 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 8  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. 629 East 72nd 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 September day 1  
year 1948 hour 2:30 minute P. M.

21. I hereby certify that I attended the deceased from Aug 28  
19 48, to Sept 1, 19 48  
that I last saw him alive on Sept 1, 19 48  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypotensive Pneumonia Duration 5 days  
Due to Cerebral Hemorrhage 12 days

Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 6

23. Signature Arthur W. Robinson (M. D. or other)

Address 824 E. Manning Ter. Date signed Sept 2, 1948

APR 27 1948  
OCT 21 1948

Dr. Graham Asher

SEP 27 1948

DEC 14 1948

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 Max E. Meyer  
Licensed Embalmer No. 4555  
P. O. Address Kansas City, 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.