

MISSOURI INQUIRY OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **36437**
Registrar's No. **4353**

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:
GENERAL HOSPITAL # 2 (& 15 mins)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 days, 12 hrs.**
(Specify whether years, months or days)
In this community **3 months and 2 days**

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. **1219 OLIVE** (If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **OCTOBER** day **24th**
year **1948** hour **9:55** minute **A.M.**
21. I hereby certify that I attended the deceased from
October 20th, 1948 to October 24th, 1948
that I last saw her alive on **OCTOBER 24th, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death
RESPIRATORY FAILURE
Due to **DIARRHEA (ETIOLOGY UNDETERMINED)**

Other conditions **MALNUTRITION**
(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?

(Specify type of place) **E. Frank Ellis**
While at work (e) Means of injury
23. Signature **[Signature]** (M. D. or other)
Address **600 E. 22nd St.** Date signed **10/24/48**

3: (a) PRINT FULL NAME

LOUISE CHALMER

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

3. (c) Social Security No. **none**

4. Sex **FEMALE** 5. Color or race **NEGRO**

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 **JULY 22 1948**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
3 2

9. Birthplace **KANSAS CITY, MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **INFANT**

11. Industry or business

12. Name **LOUIS CHALMER**

13. Birthplace **SHREVEPORT LOUISIANA**
(City, town, or county) (State or foreign country)

14. Maiden name **EVELYN RIDDLES**

15. Birthplace **ADAMSON OKLAHOMA**
(City, town, or county) (State or foreign country)

16. (a) Informant **MOTHER: EVELYN CHALMER**

(b) Address **1219 Olive**

17. (a) **Burial** (b) Date thereof **Oct 26 - 48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland Cem**

18. (a) Signature of funeral director **H B Moore**

(b) Address **1820 E 18 St**

19. (a) **10-26-48** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

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

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. B. Mason*

Licensed Embalmer No. 2470

P. O. Address 1820 E 78th St

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.