

FILED DEC 21 1945 STANDARD CERTIFICATE OF DEATH

State File No.

4958

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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:
2947 Colorado
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether)
 In this community 18 years
 (years, months or days)

3. (a) PRINT FULL NAME MOLLIE F. CHENAULT

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Fe. / 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Sherman 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Feb. 13, 1869
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>9</u>	<u>17</u>	hr. min.

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

10. Usual occupation Homemaker

11. Industry or business None

MOTHER FATHER { 12. Name Isaac Chrisman

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

14. Maiden name Eliza Moser

15. Birthplace COOPER County Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant Docia Foley

(b) Address 2947 Colorado

17. (a) Removal (b) Date thereof 12/2/45
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Copp Chapel Cemetery

18. (a) Signature of funeral director C. H. Blackman, & Son, Inc.

(b) Address Kansas City, Mo.

19. (a) 12-2-45 (b) Stearline 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 3
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2947 Colorado 8
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No) 11
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 30
 year 1945 hour 4 minute 45 P. M.

21. I hereby certify that I attended the deceased from Nov. 17th
1945, 1945, to Nov. 30, 1945
 that I last saw h. alive on Nov. 30
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 1 year

Due to myocardial Degeneration

Due to _____

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

Major findings: Of operations 93d

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) Means of injury Car

23. Signature _____ (M. D. number) _____

Address 70 Preston Blvd Date Dec 1, 45

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.

*cleaned at
Hoop.
J. B.
Stark.*

Signed *H. D. Blackman*

Licensed Embalmer No. *3639*

P. O. Address *N. 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.