N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2136
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan — Registration District No. 85
(b) Township — Primary Registration District No. 1001 — Registered No. 117
(c) City St. Joseph, — (d) Street No. 4003, King Hill Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 61 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sarah Susan Chellew 400
(a) Residence, No. 4003 KingHill Ave. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William H. Chellew
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan, 5, 1856
7. AGE: YEARS 82 — MONTHS 0 — DAYS 24 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: At Home.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk. Penn.

FATHER
13. NAME: ? Gouldan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk. Penn.

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk. Penn.

17. INFORMANT (ADDRESS): Mrs. Henry Hansen, 4003 King Hill Ave.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cemetery DATE Jan, 31, 1938
19. FUNERAL DIRECTOR (ADDRESS): Walter Meierhoffer, 1302 Faraon St. St. Joseph, Mo.
20. FILED 1/31, 1938 H. J. Heatlebrook, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan, 29, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-22-, 1938, to 1-29-, 1938
I last saw her alive on 1-22-, 1938. Death is said to have occurred on the date stated above, at 2.35 m. P.M.
The principal cause of death and related causes of importance were as follows:

Arteria sclerosis

97

Date of onset

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

RECEIVED FEB 21 1938

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) L C Bauman, M. D.
(Address) Kirkpatrick Bldg., St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Wilbur H. Kelly, Licensed Embalmer No. 3946 M

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E. No. 3946

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Wilbur H. Kelly

Licensed Embalmer No. No. 3946

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