REC'D MAY 9 1938

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

13476

Do not use this space.

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 399
(b) Township Kaw — Primary Registration District No. 1002 — Registered No. 1456
(c) City Kansas City — (d) Street No. 4505 Wornall Road 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 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Hall Chase 200
(a) Residence, No. 4505 Wornall Road St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (~~OR WIFE OF~~) Ella Jean Chase

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 14, 1884

7. AGE: YEARS 53 — MONTHS 5 — DAYS 21 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Personal
9. Industry or business in which work was done, as saw mill, bank, etc. Loans
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) Kansas

FATHER
13. NAME James S. Chase
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Meadville Pennsylvania

MOTHER
15. MAIDEN NAME Emma E. Hall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Milton Illinois

17. INFORMANT (ADDRESS) Mrs. Ella Jean Chase 4505 Wornall Road

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Geneseo, Kas. DATE Apr. 5, 1938

19. FUNERAL DIRECTOR (ADDRESS) Freeman Mortuary & Chapel Kansas City, Mo.

20. FILED Apr 5, 1938 M. M. Conover
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1938, to Apr-5, 1938
I last saw him alive on 10PM Apr-4, 1938. Death is said to have occurred on the date stated above, at 2 A.m.
The principal cause of death and related causes of importance were as follows:

Aortic regurgitation with Cardiac dilatation & myocardial weakness — Date of onset 10 yrs 8 days

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Other contributory causes of importance:
Anuria - 24 hrs little urine past 4 days

Name of operation none — Date of
What test confirmed diagnosis? — 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

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Herbert Tuthill, M. D.
(Address) 1125 Rialto Bldg

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

50M-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, Clarence W. Chelus, Licensed Embalmer No. 3473

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

I. E.

No. 3473 or by, Registered Apprentice No.

working under my personal supervision.

Signed Clarence W. Chelus

Licensed Embalmer No. 3473

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.)