FEB 26 1940

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

399

5641
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson
(b) Township Kan
(c) City Kansas City
Registration District No. 1002
Primary Registration District No.
Registered No. 866
(d) Street No. Wesley Hospital 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Millie D. Chabino
(a) Residence, No. 1116 Splitlog St. Kansas City Kans.
(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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ernest

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29 1891

7. AGE: Years 48 | Months 8 | Days 26 | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Muskale Okla

FATHER
13. NAME Unknown Winner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Topeka Kans

17. INFORMANT Ernest Chabino
(ADDRESS) 1116 Splitlog

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Hope DATE 2-27- 1940

19. FUNERAL DIRECTOR (NAME) Eade Bros Funeral Home
(ADDRESS) 1416 Minnesota

20. FILED 2-26-40 19 M. M. Crowe
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1940, to Feb 24, 1940
I last saw her alive on Feb 24, 1940 Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

Diffuse peritonitis — Date of onset 2-10-40
54

Other contributory causes of importance:
Hysterectomy 2-20-40
Fibroid uterus
Non malignant

Name of operation Hysterectomy Date of 2-20-40
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no, 19....
Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
no
Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) J. F. Mackey, M.D.
(Address) Professional Bldg Kansas City Mo

(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.

I X14028

## 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, Rollie M Eads, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Rollie M Eads

Licensed Embalmer No. 2381

P. O. Address Kansas City Kansas

**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, above space should be left blank.**