S. No. 2
-11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

21935

State File No.

Registration District No. 400 Primary Registration District No. 5553B Registrar's No. 123

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

1. PLACE OF DEATH:

(a) County Jackson Primary
(b) City or town Rural Little Blue
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6-6-0 (Specify whether
In this community Yes.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Little Blue Rural
(If outside city or town limits, write "RURAL")
(d) Street No. County Home
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME MR JAMES CHASE

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced S.

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

7. Birth date of deceased 6 (Month) 11 (Day) 1858 (Year)

8. AGE: Years 81 Months 11 Days 23 If less than one day 13 hr. 0 min.

9. Birthplace New York (City, town, or county) (State or foreign country)

10. Usual occupation Laundryman

11. Industry or business

FATHER
12. Name J. W. Chase
13. Birthplace America (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Matilda Slater
15. Birthplace America (City, town, or county) (State or foreign country)

16. (a) Informant W. S. McCarthy M.D.
(b) Address Little Blue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-26-40 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director R. V. Lindsey & Son
(b) Address 3811 Broadway

19. (a) 6-24-40 (Date received local registrar) (b) Sara G. Barnes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 23 year 1940 hour 1 minute P M.

21. I hereby certify that I attended the deceased from June 20, 1940, to June 23, 1940 that I last saw him alive on June 23, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	
Due to Senility	
Due to	
Other conditions Epilepsy (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)
While at work? (e) Means of injury

23. Signature W. S. McCarthy M.D. (M. D. or other)
Address Little Blue Date signed June 23-40

(Licensed Embalmer's Statement on Reverse Side)

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 Roscoe Keeler

Licensed Embalmer No. 3738

P. O. Address Kansas City, Kan.

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

If this body is not embalmed, above space should be left blank.