

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **28282**

Registration District No. **203**

Primary Registration District No. **412.2**

Registrar's No. **24**

1. PLACE OF DEATH:

(a) County Clay
 (b) City or town Smithville
 (c) Name of hospital or institution: Smithville Community Hos 1
 (d) Length of stay: In hospital or institution 3 days
 In this community 250 years, months or days

3. (a) PRINT FULL NAME George B Chisam
 3. (b) If veteran, name war _____ 3. (c) Social Security No. 500-07-7818

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Susie Carrell Chisam 6. (c) Age of husband or wife if alive 7 years
 7. Birth date of deceased July 7 1876 (Month) (Day) (Year)

8. AGE: Years 65 Months 1 Days 20 If less than one day - hr. min.

9. Birthplace Clay Mo (City, town, or county) Mo (State or foreign country)

10. Usual occupation farming

11. Industry or business W.P.A. last four yrs.

MOTHER FATHER { 12. Name Berj Franklin Chisam
 18. Birthplace Clay Co Mo (City, town, or county) (State or foreign country)
 14. Maiden name Cynthia Annelle
 15. Birthplace Switzerland Co Indiana (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Susie Chisam
 (b) Address North Kansas City, Mo. R.D. 5

17. (a) burial (b) Date thereof 8-29-40 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Buster Cem. Randolph Mo

18. (a) Signature of funeral director J.A. Matthews
 (b) Address Smithville Mo.

19. (a) 8-28-1940 (b) E.C. Hill (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay
 (c) City or town "Rural"
 (d) Street No. North Kansas City, Mo. Route 5
 (e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Aug day 27 year 1940 hour 6 minute 40 AM
 21. I hereby certify that I attended the deceased from Aug 22 1940 to Aug 27 1940
 that I last saw he alive on Aug 27 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis
 Due to pyelonephritis
 Due to 172
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: No
 Of operations _____
 Of autopsy No

Duration _____
 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? _____
 While at work? _____ (Specify site of place) (e) Means of injury _____
 23. Signature J.C. Belman (M. D. or other) _____
 Address Smithville Date signed 8/27/40

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

Rev. 5-17-39 I X1511

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.

RECEIVED
District Health Officer No. 8
District File Number
9-18-40

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 S. A. McComas
Licensed Embalmer No. 2303
P. O. Address Smithville, 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, above space should be left blank.