

NOV 20 1940

Registration District No. 410

Primary Registration District No. 555318

Registrar's No. 194

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Little Blue, Mo.  
(c) Name of hospital or institution Jackson Co Home  
(d) Length of stay: In hospital or institution 2 years  
In this community 61 years

3. (a) PRINT FULL NAME AIBERT S. CHINN

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race negro 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased Don't know 1879

8. AGE: Years 61 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Independence Mo

10. Usual occupation Cashman

11. Industry or business Private family

12. Name Don't know

13. Birthplace Don't know

14. Maiden name Don't know

15. Birthplace Don't know

16. (a) Informant Allie Jackson

(b) Address 909 Euclid Ave K.C. Mo

17. (a) Removal (b) Date thereof 10-31-40

(c) Place: burial or cremation Dents College K.C. Mo

18. (a) Signature of funeral director Thym + Gruber

(b) Address 1819 G. 15 St. K.C. Mo.

19. (a) 10-31-40 (b) Leis B. Chinn

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Independence Mo  
(d) Street No. \_\_\_\_\_  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26  
year 1940 - hour 3 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Oct. 18, 1940, to Oct. 26, 1940; that I last saw him alive on Oct. 26, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary + Mitral Insufficiency

Due to \_\_\_\_\_

Due to A. I. W.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy no

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? \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? A 37

Signature L. W. Booker (M. D. or other) \_\_\_\_\_  
Address 2028 Vine St. Date signed 11/29/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

OCT 29 1952

**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

*Edw. Howard*

Licensed Embalmer No.....

3836

P. O. Address.....

**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.**