

2-40  
-39  
(23159)

Registration District No. **1940 85**

Primary Registration District No. **1001**

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

PLACE OF DEATH: **BUCHANAN**

(a) County **BUCHANAN**

(b) City or town **ST. JOSEPH**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **STATE HOSPITAL No. 2**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **7 yrs. 5 mo 2 days**  
(Specify whether years, months or days)

In this community **7 years, 5 mo, 2 days**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Viola Chouteau**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **no**

4. Sex **Female**

5. Color or race **Negro**

6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive **19** years (Day) **1914** (Year)

7. Birth date of deceased **Aug.** (Month) **1914** (Day) **1914** (Year)

8. AGE: Years **26** Months **3** Days **9** If less than one day hr. min.

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

10. Usual occupation **none**

11. Industry or business **none**

MOTHER FATHER { 12. Name **John Chouteau** **0**

13. Birthplace **Missouri** **0**  
(City, town, or county) (State or foreign country)

14. Maiden name **Blanche Walker**

15. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Nannie Chouteau**

(b) Address **2524 Euclid K.C. Mo.**

17. (a) **Burial** (b) Date thereof **11 26 40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **State Hospital Cemetery**

18. (a) Signature of funeral director **Henry Sam Mott**

(b) Address **1602 Maryland**

19. (a) **Nov. 26, 1940** (b) **H. J. Westphal**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")

(d) Street No. **2524 Euclid Ave.**  
(If rural, give location)

(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **23**  
year **1940** hour **9** minute **40 A.M.**

21. I hereby certify that I attended the deceased from **July 10**, 19**40** to **Nov. 23**, 19**40**  
that I last saw her alive on **Nov. 23, 1940**, and that death occurred on the date and hour stated above.

Immediate cause of death **Endocarditis Chronic Rheumatic**

Due to **g.i. w.**

Duration **July 10, 1940**

Other conditions **Myocarditis, Rheumatic** **July 10, 1940**  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **Endocarditis Chronic Rheumatic Myocarditis Rheu.**

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 type of place) (e) Means of injury

23. Signature **Herbert C. Jones** (M. D. or other) **no**  
Address **St. Joseph Mo.** Date signed **11 26 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 *J. F. Ramsey*  
Licensed Embalmer No. *4081*  
P. O. Address *1602 Mesa*

**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, fact should be so stated above.**