No. 2
4-13-40
5-17-39
FILED MAR 11 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6301

Registration District No. 85 — Primary Registration District No. 1001 — Registrar's No. 176

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

1. PLACE OF DEATH:
(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: St. Joseph Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks (Specify whether years, months or days)
In this community 17 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph 1 (If outside city or town limits, write "RURAL")
(d) Street No. 2101 Washington Avenue 7 (If rural, give location)
(e) If foreign born, how long in U. S. A.? — 0 years.

3. (a) PRINT FULL NAME Alfred Purnell Chaillie
3. (b) If veteran, name war —
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Daisy
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased April (Month) 18 (Day) 1878 (Year)
8. AGE: Years 62 Months 9 Days 22 If less than one day ___ hr. ___ min.
9. Birthplace North Vernon (City, town, or county) / Indiana (State or foreign country)
10. Usual occupation Forman
11. Industry or business City of St. Joseph
FATHER
12. Name John J. Chaillie
13. Birthplace Unknown (City, town, or county) / Indiana (State or foreign country)
MOTHER
14. Maiden name Sarah Ann Patrick
15. Birthplace North Vernon (City, town, or county) / Indiana (State or foreign country)
16. (a) Informant Mrs Alfred Chaillie
(b) Address 2101 Washington Ave., St. Joseph, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Feb. 13, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery St. Joseph, Missouri
18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1302 Faraon, St. Joseph, Mo.
19. (a) Feb 13 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10 year 1941 hour 12 minute 10 p. M.
21. I hereby certify that I attended the deceased from Oct 10, 1936, to Feb 10, 1941; that I last saw him alive on Feb 10, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hodgkin Disease	unknown
Due to ✓	
Due to ✓	
Other conditions ✓ (Include pregnancy within 3 months of death)	

4410

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? 85 ✓ (Specify type of place)
While at work? ✓ (e) Means of injury ✓
23. Signature Gustav H Lau (M. D. or other) MD
Address Kirkpatrick Bldg. Date signed 2-12-41

(Licensed Embalmer's Statement on Reverse Side) St. Joseph, Missouri

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 Oby Jester

Licensed Embalmer No. Mo. 4154

P. O. Address St. Joseph, Missouri.

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

If this body is not embalmed, fact should be so stated above.