

No. 2
-1-4-41
5-17-39
I X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27276
Registrar's No. 2934

FOILED SEP 12 1941

Registration District No. 299

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: Vineyard Park Hospital
(d) Length of stay: In hospital or institution 7 Months
In this community 3 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 7203 Pennsylvania Avenue
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Mr. Sidney Bennett Challis
(b) If veteran, name war No
(c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 3rd
year 1941 hour 10 minute 30 P.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
(b) Name of husband or wife Unknown
(c) Age of husband or wife if alive Unknown
7. Birth date of deceased Unknown

21. I hereby certify that I attended the deceased from Jan 1, 1941 to Aug 3, 1941
that I last saw him alive on Aug 3, 1941
and that death occurred on the date and hour stated above.

8. AGE: Years at 78 Months Days If less than one day hr. min.

Immediate cause of death Chronic myocarditis
Duration over 1 yr

9. Birthplace Boone Co Mo

Due to 92.5
Due to 10.5

10. Usual occupation Farmer Retired

Other conditions 93d
(Include pregnancy within 3 months of death)

11. Industry or business Farmer Retired

12. Name Joel A. Challis

13. Birthplace Boone Co Mo

14. Maiden name Thelma Sorbis

15. Birthplace Ky

16. (a) Informant Mrs Clyde Franham
(b) Address 7203 Penn

17. (a) Burial (b) Date thereof 8-6-41
(c) Place: burial or cremation Big Springs Cem, Booneport, Missouri

18. (a) Signature of funeral director D. H. Newcomer
(b) Address 8741 1/2 Brush Creek Blvd

Major findings: Of operations 93d
Of autopsy

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?

23. Signature John A. Melder (M. D. or other) M.D.
Address Booneport, Missouri Date signed 8/4/41

25th 1st Floor
F. 30-11
V. Shugard Court Newport

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 George M. Collier

Licensed Embalmer No. 3839

P. O. Address K.C. 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, fact should be so stated above.