

FILED OCT 21 1941
35

Registration District No. _____

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
307 N. 13th Street.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. None
In this community 11 years.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL.")
(d) Street No. 307 N. 13th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 6th
year 1941 hour 2 minute 30 P.M.
21. I hereby certify that I attended the deceased from Oct 2
1941 to Oct 6 1941;
that I last saw him alive on Oct 2 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary Thrombosis
Duration unknown
Due to My pericardium chronic

Due to Hemiplegia Rt
Other conditions. 940
(Include pregnancy within 3 months of death)

Major findings:
Of operations 940
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?
While at work? _____ (Specify type of place)
(e) Means of injury ✓

23. Signature Arthur H. Bay (M. D. or other) MD
Address North 1st St. St. Joseph, Mo. Date signed 10/8/41

3. (a) PRINT FULL NAME Charles Henry Chick

3. (b) If veteran, name war Spanish American 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 Sophia Elizabeth Chick 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased November 28 1871
(Month) (Day) (Year)

8. AGE: Years 69 Months 10 Days 8
If less than one day _____ hr. _____ min.

9. Birthplace Lynchburg Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Pullman Conductor

11. Industry or business Pullman Co.

12. Name Charles Chick

13. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Geneva Cosby

15. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sophia E. Chick

(b) Address 307 N. 13th Str. St. Joseph, Mo.

17. (a) Burial (b) Date thereof Oct. 8, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Arthur H. Bay

(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) Oct 8 1941 (b) Arthur H. Bay
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

OCT 20 1947

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.....

Robert C. Harzing

Licensed Embalmer No..... 3258

P. O. Address..... St. Joseph, 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.