

FILED JAN 20 1942

Registration District No. 400

Primary Registration District No. 555213

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Little Blue, Mo. UNINCORPORATED
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jackson Co. Emergency Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether)

In this community unknown
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

(c) City or town Kansas City, RR 6 S
(If outside city or town limits, write "RURAL")

(d) Street No. 1808 Ashland 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME James H. Chittum

3. (b) If veteran, name war 700

3. (c) Social Security No. 700

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31
year 1941 hour 11 minute 30 A.M.

4. Sex MO 5. Color or race W

6. (a) Single, widowed, married, divorced W 2

7. Name of husband or wife Elizabeth Chittum 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased 4-10-1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ to _____
that I last saw _____ alive on _____
and that death occurred on the date and hour stated above.

8. AGE: Years 67 Months 8 Days 21
If less than one day hr. _____ min. _____

Immediate cause of death: Myocardial Infarction

Due to _____

Due to _____

9. Birthplace Unknown 1 Texas
(City, town, or county) (State or foreign country)

Other conditions: _____
(Include pregnancy within 3 months of death)

10. Usual occupation Retired

11. Industry or business unknown

12. Name unknown

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name unknown 9

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Jackson Co. Coroner Record

(b) Address Kansas City Mo

17. (a) Burial (b) Date thereof 1-4-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leis Summit Mo

18. (a) Signature of funeral director H. B. Langford

(b) Address Leis Summit Mo

19. (a) 12-31-41 (b) W. B. Bonner
(Date received local registrar) (Registrar's signature)

Major findings: _____
Of operations III

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? _____
(City or town) (County) (State)

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

23. Signature W. B. Bonner (M. D. or other) M.D.
Address _____ Date signed 12/31/41

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

46
00

752

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

W. B. Longford

Licensed Embalmer No.....

3833

P. O. Address

Leis Summit

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.