

FILED FEB 11 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

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

1. PLACE OF DEATH:  
(a) County Jackson County  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. C. M. S. B. Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 year 24 days  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

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. 2311 Fairmount  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: DOCTOR HORTON CHANEY

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Beatrice E. Chaney 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased January 22 1874  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>11</u>	<u>24</u>	hr. _____ min.

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

10. Usual occupation Truck Driver

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Thomas J. Chaney  
13. Birthplace Indiana (City, town, or county) (State or foreign country) 1  
14. Maiden name Eva Miller  
15. Birthplace Indiana (City, town, or county) (State or foreign country) 1

16. (a) Informant St. C. M. S. B. Hospital  
(b) Address Leads, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 10, 1942  
(Month) (Day) (Year)

(c) Place: burial or cremation Highland Park

18. (a) Signature of funeral director W. H. Long  
(b) Address 703 N. 10th St.

19. (a) 1-9-42 (Date received local registrar) (b) H. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6th  
year 1942 hour 9 minute 10 M.

21. I hereby certify that I attended the deceased from Jan. 1  
1942 to Jan. 6 1942  
that I last saw him alive on Jan. 6 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary hemorrhage Duration \_\_\_\_\_

Due to Pulmonary tuberculosis

Due to 13 B1

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(A) Means of injury \_\_\_\_\_

23. Signature H. C. Meyer (M. D. or other) \_\_\_\_\_  
Address 1016 W. 11th St. Date signed \_\_\_\_\_

**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 *Chas. H. Rider*

Licensed Embalmer No. *3404*

P. O. Address *703 N. 10th St. KC, 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.**