

1988

State File No. _____

FILED FEB 12 1942

Registration District No. 786

Primary Registration District No. 5261A

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Christian

(b) City or town Chadwick Mo, Rural

(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of town)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 4 yr. years, months or days

3. (a) PRINT FULL NAME Jay Lee Chase

8. (b) If veteran, name war _____

8. (c) Social Security No. _____

4. Sex Male 5. Color or race w.

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 27 1928
(Month) (Day) (Year)

8. AGE: Years 16 Months 0 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farm Hand

11. Industry or business _____

MOTHER FATHER

12. Name A. R. Chase

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

14. Maiden name Ann Burk

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

16. (a) Informant's own signature A. R. Chase

(b) Address Chadwick Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 11-42
(Month) (Day) (Year)

(c) Place: burial or cremation Meadow Cemetery

18. (a) Signature of funeral director T. R. Chabbon

(b) Address Ozark Mo.

19. (a) Jan 9-1942 (Date received local registrar) Ina Jones (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian

(c) City or town Chadwick Mo Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) _____

(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9
year 1941 hour 4 minute 6 A. M.

21. I hereby certify that I attended the deceased from early on
since at 2 P. M. Feb. 9 1941
that I last saw him alive on Feb. 9 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis Duration _____

apparently he had had appendicitis
was well with hurting in stomach,
due to 9 or 10 days. Had not had previous
history of such pain. He was dying before
due to 2 hrs home

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

Major findings: 129
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) (e) Means of injury _____

23. Signature J. H. Wade (M. D. or other)

Address Ozark Mo. Date signed 2-12-41

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 242-222

Date Filed FEB 11 1942

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.