

No. 2  
4-13-40  
5-17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 9 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

15243

State File No. \_\_\_\_\_  
Registrar's No. 10

Registration District No. 696 Primary Registration District No. 59245926

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

1. PLACE OF DEATH:  
(a) County Platte  
(b) City or town Weston  
(c) Name of hospital or institution: Western Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community Entire Life  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME William D. Chinn  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color, or race white 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec. 28 1873  
(Month) (Day) (Year)

8. AGE: 68 Years 3 Months 3 Days If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Telegraph operator-retired

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

MOTHER FATHER { 12. Name A.N. Chinn  
13. Birthplace Platte Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Jimmie Carnelia Pullins  
15. Birthplace Platte Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles B. Chinn  
(b) Address Platte City, Mo.

17. (a) Burial (b) Date thereof April 2-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Camden Point, Mo.

18. (a) Signature of funeral director Vaughn & Dyer  
(b) Address Weston Missouri

19. (a) April 1-42 (b) Mrs Clay H. Joffe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Platte  
(c) City or town Beverly, Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31  
year 1942 hour 6:15 minute P. M.

21. I hereby certify that I attended the deceased from March-28-  
1942 to March-31, 1942  
that I last saw him alive on March-30-1942  
and that death occurred on the date and hour stated above.

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

Due to hypertension

Due to \_\_\_\_\_

Other conditions 83a  
(Include pregnancy within 3 months of death)

Major findings: none  
Of operations \_\_\_\_\_  
Of autopsy none

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 Genie C. Balwert (M. D. or other) D  
Address Weston, Mo. Date signed 4/1/42

**RECEIVED**

District Health Officer No. Platte  
District File Number 5-42-44  
Date Filed 5-2-42

FILED  
MAY 5 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 W. R. Vaughn  
Licensed Embalmer No. 4023  
P. O. Address Winston, 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.