

FILED AUG 19 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3016

418
338
8
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

(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. Vincents
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 min.
(Specify whether years, months or days)

In this community 5 min.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME JAMES EARL CHIPLEY

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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 August 9, 1942
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	0	0	0	hr. 5 min.

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

10. Usual occupation None

11. Industry or business -

12. Name Earl Chipley

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

14. Maiden name Oliver Ditcher

15. Birthplace La Clede County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Earl Chipley

(b) Address 1871 Benton

17. (a) Burial Memorial Park emetery
(Burial, cremation, or removal)

(b) Date thereof August 11, 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park emetery

18. (a) Signature of funeral director: C. H. Blackman & Son, Inc.

(b) Address Kansas City, Missouri

19. (a) 8-11-42
(Date received local registrar)

(b) M. M. Brown
(Registrar's signature)

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. -
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9
year 1942 hour 8 minute 30 P.

21. I hereby certify that I attended the deceased from 8/9/42 to 10/12/42
that I last saw him alive on 8/9/42 and that death occurred on the date and hour stated above.

Immediate cause of death: Asphyxiation

Due to prolonged and difficult birth - 16 0

Due to -

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

Major findings: -
Of operations -

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. H. Ferguson (M. D. or other) Med J
Address 5400 S. 9th Ave Date signed 8/10/42

Duration -

PHYSICIAN -

Underline the cause to which death should be charged statistically.

10 1 10

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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 B. H. Blackmore
Licensed Embalmer No. 2244
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, fact should be so stated above.