

FILED JAN 29 1943

Registration District No.

Primary Registration District No. 1002

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:
Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
3 months (Specify whether
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. 3412 East 70th Street,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Reba Maxine Chastain

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased October 3 1942
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	-	3	13	hr. min.

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

10. Usual occupation X infant.

11. Industry or business X

MOTHER FATHER {
12. Name James Chastain,
13. Birthplace Unknown, 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown,
15. Birthplace Unknown, 9
(City, town, or county) (State or foreign country)

16. (a) Informant James Chastain,
(b) Address 3412 East 70th St., K. C., Mo.

17. (a) Burial (b) Date thereof 1-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Palestine Cemetery
Stine & McClure,

18. (a) Signature of funeral director
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 1-18-43 (b) M. M. Crome
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16th
year 1943 hour 11:45 minute A. M.

21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw h Deputy Coroner 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia

Due to (Possible influenza)

Due to 107

Other conditions 107
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy See above

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) Means of injury _____

23. Signature A. E. Washer (M. D. or other) M.D.
Address 23rd Mc Coy Date signed 1/17/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

H. J. Allen
.....
Licensed Embalmer No. *14130*
.....
P. O. Address *Keokuk, 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.