

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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. Lukes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks
(Specify whether
In this community 8 months
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. 1333 Linwood
(If rural, give location)
(e) Citizen of foreign country? No
If yes, name country 1

3. (a) PRINT FULL NAME Mrs. Pauline Keller Chastain

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Albert J. Chastain 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased January 20 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 6 22 hr. 5 min.

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

10. Usual occupation at home

11. Industry or business

12. Name James M. Keller
13. Birthplace unknown
(City, town, or county) (State or foreign county)
14. Maiden name unknown
15. Birthplace unknown unknown
(City, town, or county) (State or foreign county)

16. (a) Informant Albert J. Chastain
(b) Address 1333 Linwood, Kansas City, Mo

17. (a) Burial (b) Date thereof 8-15-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner
(b) Address Windsor, Mo

19. (a) 8-14-43 (b) Dep. J. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12
year 1943 hour 1:30 p minute M.

21. I hereby certify that I attended the deceased from July 17 19 43 to August 12 19 43
that I last saw her alive on August 12 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic lymphatic leukemia
Due to 740
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1
Of autopsy As 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) (e) Means of injury ✓
23. Signature Maurice L. Jones (M. D. overbar)
Address 209 Argyle Bldg Date signed 8-12-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MAR 25 1954

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..... *Edell. Huston*
Licensed Embalmer No..... *3391*
P. O. Address..... *Windsor, 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.