

2-43  
7-39  
X35697

FILED FEB 28 1944

State File No. \_\_\_\_\_

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kaw  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
629 East 121  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 40 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town K. E. Mo  
(If outside city or town limits, write "RURAL")

(d) Street No. 629 East 12  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country China

3. (a) PRINT FULL NAME Hue Chinn

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

4. Sex m 5. Color or race Chinese 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 unknown  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 3  
year 44 hour 3:47 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
About 50 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: Chronic homicide gas poisoning

Duration \_\_\_\_\_

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

10. Usual occupation waiter

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

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

Other conditions (Include pregnancy within 3 months of death) 1780

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

MOTHER FATHER { 12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_

Of autopsy injection + tubing

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Chas Chinn

(b) Address 1214 East 18th St.

17. (a) burial (b) Date thereof Jan 4-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Pk. K. E. K.

18. (a) Signature of funeral director Small - Davidson

(b) Address K. E. Mo

19. (a) Jan 4 1944 (b) J. B. Brown  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence About 12/31/43

(c) Where did injury occur? 629 E. 12th City  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home (Specify type of place) what'd you

While at work? no (e) Means of injury from

23. Signature JOSEPH (M. or other) \_\_\_\_\_  
Address Kaw Date signed 1/3/44

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

361

---

---

**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 the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**