

No. 2
-8-13
5-17-39
X37823

State File No. _____

FILED APR 10 1944

Registration District No. 5575

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Jackson Co Rural

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

(c) Name of hospital or institution: Home 105 1/2 High Drive
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 50 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri

(b) County Jackson

(c) City or town Kansas City - Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 105 High Drive
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME MR ALVIN BUSHNELL CHASE SR.

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 MARRIED

6. (b) Name of husband or wife MRS MARY ALICE CHASE

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased MAY 25 1875
(Month) (Day) (Year)

8. AGE: Years 68 Months 10 Days 22

If less than one day hr. _____ min. _____

9. Birthplace NEW YORK CITY - N.YORK
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business ACCOUNTANT

12. Name ALVIN BUSHNELL CHASE

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

14. Maiden name UNKNOWN

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

16. (a) Informant MRS ALICE CHASE

(b) Address 105 1/2 High Drive

17. (a) CREMATION (b) Date thereof MAR. 20 / 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DIV. NEWCOMERS SOX

18. (a) Signature of funeral director D. J. Newcomers Sons

(b) Address 1401 Grand Creek Blvd

19. (a) March 23rd 1944
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 17TH
year 1944 hour 11 minute 25 P.M.

21. I hereby certify that I attended the deceased from Mar 14, 1944, to Mar 17, 1944

that I last saw him alive on Mar 17, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death acute dilation of heart

Due to asthma

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. J. Law MD. (M. D. or other) _____

Address 824 Rialto Bldg Date signed 3/18/44

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

JUL 25 1944

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address Kc 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.