V. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11427

FILED APR 6 1944 87

Registration District No. 6 Primary Registration District No. 6694 Registrar's No. 30

59 0 0

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town RFD Chillicothe Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3 Miles South East Chillicothe, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 77 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County Livingston
(c) City or town RFD Chillicothe, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 3 Miles SE Chillicothe, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME James Farley Chase
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 Nov. (Month) 12 (Day) 1862 (Year)
8. AGE: Years 81 Months 4 Days 3 If less than one day hr. min.
9. Birthplace Hancock County, (City, town, or county) Ohio. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name David Chase
13. Birthplace Ohio. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Jemima Jones
15. Birthplace Ohio. (City, town, or county) (State or foreign country)
16. (a) Informant Chas D. Chase
(b) Address Chillicothe, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17-'44 (Month) (Day) (Year)
(c) Place: burial or cremation Edgewood Cemetery
18. (a) Signature of funeral director F. B. Norman Co.
(b) Address Chillicothe, Missouri.
19. (a) March-17 (Date received local registrar) (b) Loutilla Curry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th. year 1944 hour 9:10 minute P. M.
21. I hereby certify that I attended the deceased from Feb. 15 1944, to Mar 15 1944 that I last saw him alive on Mar 10 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Interstitial Nephritis	2 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature G. C. Fuller (M. D. or other)
Address Chillicothe Mo Date signed 3/17/44

(Licensed Embalmer's Statement on Reverse Side)

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

E. R. Norman, Registered Apprentice No.

working under my personal supervision.

Signed E R Norman

Licensed Embalmer No. 2374

P. O. Address Chillicothe, 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.