S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 11 1944

Registration District No. 749

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13592

Primary Registration District No. 1002

Registrar's No. 1942

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: Eva D. Prout Boarding Home for Elderly People
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 years (Specify whether years, months or days)

In this community: 60 years

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.: 4320 Jarboe
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Mrs. Carrie C. Chaquette

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: widow

6. (b) Name of husband or wife: Oscar O. Chaquette

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

7. Birth date of deceased: December 4th (Month) 1862 (Day) (Year)

8. AGE: Years 81 Months 4 Days 29 If less than one day hr. min.

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

10. Usual occupation: at home

11. Industry or business:

FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. G. E. Fromherz
(b) Address: Chicago, Illinois

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-5-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill

18. (a) Signature of funeral director: Freeman Mortuary
(b) Address: 104 West 42nd Street

19. (a) 5-4-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd year 1944 hour Two PM minute 50 A.M.

21. I hereby certify that I attended the deceased from 1942 to May 3, 1944 that I last saw him alive on May 3 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar pneumonia

Due to: Senility Terminal and hemiplegia — 2 yrs duration

Due to:

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

Major findings:
Of operations:
Of autopsy:

Duration

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: Herbert Tuthill (M. D.)

Address: 1211 Rialto Bldg. Date signed: May 4-44

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(Licensed Embalmer's Statement on Reverse Side)

JUN 16 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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.