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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 8 1944

Registration District No. 152

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 55-73 A.

State File No. 27916

Registrar's No. 6

1. PLACE OF DEATH:

(a) County ~~Jackson~~ Jackson

(b) City or town Grain Valley T.P.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 50 yrs (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Grain Valley (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country /

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3. (a) PRINT FULL NAME Samuel Chiddix

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bernice

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Dec (Month) 30 (Day) 1885 (Year)

8. AGE: Years 58 | Months 5 | Days 21 | If less than one day ___ hr. ___ min.

9. Birthplace Buckner (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Labor

11. Industry or business

FATHER
12. Name Wade Chiddix
13. Birthplace Va (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Rebecca Little
15. Birthplace (City, town, or county) Iowa / (State or foreign country)

16. (a) Informant Mrs Bernice Chiddix
(b) Address Grain Valley Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-23-44 (Month) (Day) (Year)
(c) Place: burial or cremation Grain Valley Mo

18. (a) Signature of funeral director Mrs G.B. Webb & Son
(b) Address Blue Springs Mo

19. (a) 6-30-1944 (Date received local registrar) (b) Mrs Jessie M. Liston (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 6 day 21 year 44 hour 9 P. minute M.

21. I hereby certify that I attended the deceased from Cancer, 19__;
that I last saw him alive on 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Diagnosis & history

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 [illegible] (Date of death) 6/23/44
Address Cenr Date signed

1360 (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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed R B Webb

Licensed Embalmer No. 2353

P. O. Address Blue Springs 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.