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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 4 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36647

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4738

1. PLACE OF DEATH:

(a) County Jackson County
(b) City or town K.C. Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 103 E. Mo. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 10 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town .....
(If outside city or town limits, write "RURAL")
(d) Street No. 2118 Vine
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Thomas ~~Chisom~~ Chism

3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex male
5. Color or race negro
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Louise Chisom
6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased Dec 7 (Month) ~~15~~ (Day) ~~1879~~ 1875 (Year)

8. AGE:	Years	Months	Days	If less than one day
~~[illegible]~~	68	11	15	..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Mo (State or foreign country)
10. Usual occupation chicken dresser
11. Industry or business .....

FATHER
12. Name unknown
13. Birthplace 11 (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name 11
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Louise Chisom
(b) Address 2118 Vine Street
17. (a) ~~Blue Ridge~~ (Burial, cremation, or removal) (b) Date thereof 11-27-44 (Month) (Day) (Year)
(c) Place: burial or cremation Blue Ridge
18. (a) Signature of funeral director B.L. Graham
(b) Address 2304 Vine Street
19. (a) 11-25-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 22 p.
year 1944 hour 7:30 minute ..... M.
21. I hereby certify that I attended the deceased from Deputy Coroner, 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertensive Myo Carditis	
Due to	
Due to Chr Glomerular Nephritis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93 D	
Of autopsy yes	

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 P. Richardson (M. D. or other)
Address 1832 Vine Date signed 11-24-44.

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed B. L. Graham

Licensed Embalmer No. 2540

P. O. Address 2304 Vine

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.