

FILED DEC 7 1944

Registration District No. **2**

Primary Registration District No. **1000**

Registrar's No. **1187**

1. PLACE OF DEATH:

(a) County **Rochester**
(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **State Hosp #2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 days**
(Specify whether
In this community **Same**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Rochester**
(c) City or town **St. Joseph, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Emory Ira Chivington**

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 **M**
6. (b) Name of husband or wife **Birdie** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **6 21 77**
(Month) (Day) (Year)

8. AGE: Years **67** Months **4** Days **24** If less than one day _____ hr. _____ min.

9. Birthplace **Barkow Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business _____
12. Name **L. E. Chivington**
13. Birthplace **Ohio** (City, town, or county) (State or foreign country)
14. Maiden name **Eliza Farsen**
15. Birthplace **Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Emory Chivington**
(b) Address **State Hosp #2**

17. (a) (Burial, cremation, or removal) **Removal** (b) Date thereof **11-15-44**
(Month) (Day) (Year)
(c) Place: burial or cremation **Whiteville Mo**

18. (a) Signature of funeral director **R. G. Tappert**
(b) Address **St. Joseph, Mo.**

19. (a) **11-15-44** (b) **Delores J. Peck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **15** year **1944** hour **6** minute **30 A.M.**
21. I hereby certify that I attended the deceased from **11-8-44** to **11-14-44**
that I last saw him alive on **11-14-44** and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho pneumonia** Duration **3 days**

Due to _____
Due to **107**

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? _____
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature **E. H. Magee** (M. D. or other) **MD**
Address **State Hosp #2** Date signed **11-15-44**

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

MOTHER FATHER

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. G. Taggart*

Licensed Embalmer No..... *2563*

P. O. Address..... *King 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.