

No. 2  
8-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41828

State File No. ....

FILED DEC 21 1944

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 392

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Hospital #2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 30 days  
(Specify whether  
In this community 40 yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mrs (b) County Pettis  
(c) City or town Sedalia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 519 W. Morgan  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME FOREST CHISM.

3. (b) If veteran, name war. No. 3. (c) Social Security No.

4. Sex M 5. Color or race Negro  
6. (a) Single, widowed, married divorced Married  
6. (c) Name of husband or wife Stella Chism  
6. (e) Age of husband or wife if alive unknown years  
7. Birth date of deceased 3 18 1877  
(Month) (Day) (Year)

8. AGE: Years 67 Months 9 Days 16 If less than one day hr. min.

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

10. Usual occupation Blacksmith Helper

11. Industry or business Mo Pacific R. R.

12. Name Jack C Chism

13. Birthplace unknown (City, town, or county) (State or foreign country)

14. Maiden name Rachel Williams

15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Harvey C Chism

(b) Address 519 W. Morgan Sedalia Mo

17. (a) Burial (b) Date thereof 12-9-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Glenwood Cemetery

18. (a) Signature of funeral director J. D. Ferguson  
(b) Address 117 E. Jeff Sedalia Mo

19. (a) 12-9-44 (b) Mrs Anna Berger  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6 year 1944 hour minute 8:15 P.M.

21. I hereby certify that I attended the deceased from April 27<sup>th</sup>, 1944, to Dec 6<sup>th</sup>, 1944; that I last saw him alive on Dec 6<sup>th</sup>, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death: General apoplexy  
Due to: Arteriosclerosis  
Due to: Aortitis  
Other conditions: Nephritis (chronic)  
Major findings: Of operations: 131  
Of autopsy: 131

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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature A. R. Maddox (M. D. or other) M.D.  
Address 116 1/2 W. Main Date signed 12-9-44

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

1944

181  
1/18/44

1822

DEC 19 1944

1945

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 F D Ferguson

Licensed Embalmer No. 2172

P. O. Address Sedalia

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.