S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22859

FILED AUG 19 1945

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3065

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:
4617 Bell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 4617 Bell 8
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Albert H. Chace
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov 2 1875 (Month) (Day) (Year)

8. AGE: Years ~~70~~ 69 Months 8 Days 19 If less than one day hr. min.

9. Birthplace Shawnee Kansas 1
(City, town, or county) (State or foreign country)
10. Usual occupation Retired plumber
11. Industry or business
FATHER
12. Name Thomas Chace
13. Birthplace No Data 9
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name No Data
15. Birthplace No Data 9
(City, town, or county) (State or foreign country)
16. (a) Informant Clive C. Chace
(b) Address 4617 Bell
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-45 (Month) (Day) (Year)
(c) Place: burial or cremation Shawnee Cem
18. (a) Signature of funeral director Simmons
(b) Address K C K
19. (a) 7-23-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 21
year 45 hour minute M.
21. I hereby certify that I attended the deceased from 1942, 19, to 7/21/45, 19;
that I last saw him alive on 7/21/45, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr. Myocarditis	?
Due to Generalized Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93 d	
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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other)
Address 1401 S. W. Blvd K. C. Ks. Date signed 7/23/45

(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 H. Simmons

Licensed Embalmer No. 3403

P. O. Address KCK

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.