No. 7
1--2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 11 1945

State File No. 30232

Registration District No. 7 — Primary Registration District No. 3028 — Registrar's No. 168

1. PLACE OF DEATH:

(a) County: Jasper

(b) City or town: Carthage
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: McCune-Brooks Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days)

In this community: 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper 49

(c) City or town: Carthage 1
(If outside city or town limits, write "RURAL")

(d) Street No.: 114 S. Garrison 3
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country: - - -

3. (a) PRINT FULL NAME: George Whitfield Chinn

3. (b) If veteran, name war: No

3. (c) Social Security No. 488-20-1923

4. Sex: Male 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife: Belle Sanders Chinn

6. (c) Age of husband or wife if alive: 62 years

7. Birth date of deceased: September (Month) 5 (Day) 1875 (Year)

8. AGE: Years 70 | Months 0 | Days 9 | If less than one day: hr. min.

9. Birthplace: Vandalia (City, town, or county) Missouri (State or foreign country) 1

10. Usual occupation: Employee

11. Industry or business: Uke's Tire Shop

FATHER
12. Name: - - - Chinn
13. Birthplace: Unknown (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name: Caroline Brown
15. Birthplace: Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant: Mrs. Belle Chinn
(b) Address: 114 S. Garrison, Carthage

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/17/45 (Month) (Day) (Year)
(c) Place: burial or cremation: Park Cemetery

18. (a) Signature of funeral director: Knell Mortuary
(b) Address: Carthage, Missouri

19. (a) 9-17-45 (Date received local registrar) (b) R. B. Clinton M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept day: 14 year: 1945 hour: 5 minute: p.m.

21. I hereby certify that I attended the deceased from Sept 10, 1945, to Sept 14, 1945; that I last saw him alive on Sept 14, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic bronchial asthma - chr bronchitis	
Chronic myocarditis acute	
Due to: pulmonary edema	1
Due to:	
Other conditions (Include pregnancy within 3 months of death): fracture 13 to 9th left rib unknown	

Major findings:
Of operations: SUPPLEMENTARY INFORMATION REQUESTED
Of autopsy: see above
bilateral polycystic kidneys

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 116
(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: H. E. Byrd M.D. (M. D. or other)
Address: Carthage Mo Date signed: 9-15-45

158

(Licensed Embalmer's Statement on Reverse Side)

MAR 8 1946

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 Frank W. Knell Jr, Registered Apprentice No. 379 working under my personal supervision.

Signed Emm L. Knell

Licensed Embalmer No. 391

P. O. Address Carthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
8-21-41
X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. Oct

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 168

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage
(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 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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

3. (a) PRINT FULL NAME George W. Chinn

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

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

7. Birth date of deceased Sept (Month) 5 (Day) 1875 (Year)

8. AGE: Years 70 Months 0 Days 9 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24
year 1945 hour minute M.

21. I hereby certify that I attended the deceased from
19 to 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	
Due to	
Due to	
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) accident
(b) Date of occurrence Sept. 10 1945
(c) Where did injury occur? Ukes Tire Shop (City or town) (County) (State)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
Tire Shop. Carthage, Mo (Specify type of place)
While at work? yes (c) Means of injury Struck in chest by tire tool
23. Signature H. E. Byrd (M. D. or other)
Address Carthage, Mo Date signed Oct 13 1945

SUPPLEMENTARY

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

30732

MAR 8 1946