

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
FILED MAY 27 1946 STANDARD CERTIFICATE OF DEATH

16588

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2232

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:
4101 M^cGEE STREET
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 46 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County JACKSON
 (c) City or town KANSAS CITY
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4101 M^cGEE STREET
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MR. LEE STEWART CHANEY
 3. (b) If veteran, name war No
 3. (c) Social Security No. 487-10-7615

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month MAY day 16TH
 year 1946 hour 6 minute 30 A.M.
 21. I hereby certify that I attended the deceased from 19 to 19
 that I last saw him alive on 19
 and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife MRS. RUBY VIRGINIA CHANEY
 6. (c) Age of husband or wife if alive 64 years
 7. Birth date of deceased: MARCH 30 1898
 (Month) (Day) (Year)

Immediate cause of death Coronary sclerosis
 Due to arteriosclerosis
 Due to _____

8. AGE: Years 68 Months 1 Days 27 If less than one day 16 hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: 94a
 : Of operations _____

9. Birthplace AUXVASSE MISSOURI
 (City, town, or county) (State or foreign country)
 10. Usual occupation RETIRED SALESMAN
 11. Industry or business LOOSE-WILES BISCUIT CO.

Physician 94a
 Underline the cause to which death should be charged statistically.
 Of autopsy History + 9 specimens

12. Birthplace CALLAWAY COUNTY MISSOURI
 (City, town, or county) (State or foreign country)
 14. Maiden name JOSEPHA GEORGE STEWART

13. Birthplace VIRGINIA
 (City, town, or county) (State or foreign country)
 16. Informant W. J. Chaney
 Address 4101 M^cGEE

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? _____

(a) CREMATION (b) Date thereof MAY 20 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation DW. NEWCOMER'S SONS
 18. (a) Signature of funeral director W. H. Newcomer son
 (b) Address 1401 BRUSH CREEK BLDG.
 19. (a) 5-18-46 (b) Altraldine Holmes
 (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (e) Means of injury 2
 23. Signature James Walker (M. D. or other) _____
 Address 1924 Maple St Date signed 5-17-46

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address KC 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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Missouri
County of Jackson ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

Death

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 2232

On this 3rd day of June, 1946, before me appears
Mr. Samuel L. Chaney, who, upon his oath, states that the original record of death
for Lee Stewart Chaney died may 16, 1946 in the State of
Missouri, and which was filed at Lancaster City on 5-18, 1946 should be corrected as follows:

Item No. 6 should read Ruby Violet
Instead of Ruby Virginia

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read Verified by
Probate Ch. Affidavit for
Property
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Samuel L. Chaney - Son Relationship.

4101 McGee - K.C. Mo.
Present Address.

Subscribed and sworn to before me this 3rd day of June, 1946.

My Commission expires Oct 20, 1947 Barrie M. Ruppelius Notary Public.

10588