S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 26 19

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20670 20671

Registration District No. 1

Primary Registration District No. 5575

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Jackson (Rural Washington)

(b) City or town Kansas City

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

(c) Name of hospital or institution: 8524 Wayne /

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether

In this community 65 Years

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City - Rural

(If outside city or town limits, write "RURAL")

(d) Street No. 8524 Wayne

(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Edward H. Chesser

3. (b) If veteran, name war NO

3. (c) Social Security No. None

4. Sex Male

5. Color or race WH

6. (a) Single, widowed, married, divorced /

6. (b) Name of husband or wife Minnie Chesser

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Nov. 26 1877 (Month) (Day) (Year)

8. AGE: Years 68 Months 6 Days 11 If less than one day ..... hr. ..... min.

9. Birthplace Rockville (City, town, or county) Indiana (State or foreign country) /

10. Usual occupation Truck Driver /

11. Industry or business Self

FATHER
12. Name George Chesser
13. Birthplace No Record (City, town, or county) Ky. (State or foreign country) /

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

16. (a) Informant Minnie Chesser

(b) Address 8524 Wayne

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6/10/46 (Month) (Day) (Year)

(c) Place: burial or cremation Shawnee Cemetery

18. (a) Signature of funeral director Gates Funeral Home

(b) Address 1901 Olathe Blvd. K.C.K.

19. (a) 6/10/46 (Date received local registrar) (b) Dr. Annie E. Hedges (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6-7-46 day ..... year ..... hour 7:30 P minute ..... M.

21. I hereby certify that I attended the deceased from June, 1945 to 6-7-, 1946 that I last saw him alive on June 7, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	24 hr
Due to Carcinoma of Prostate	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Same	

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 Geo. F. Clark DO (M. D. or other)

Address 408½ W. 75 St Date signed 6-8-46

126 (Licensed Embalmer's Statement on Reverse Side)

Dr Annie Hedges
Ret Bridge & Gladview Rd

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 D Ross Blanford

Licensed Embalmer No. 4015

P. O. Address 41 & State Line

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.