

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF HEALTH OF THE STATE OF MISSOURI
BUREAU OF THE CENTRAL REGISTER
FILED OCT 28 1949 **STANDARD CERTIFICATE OF DEATH**

33480
State File No. _____
Registrar's No. **4355**

Registration District No. 149 Primary Registration District No. 1002

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:
4618 E 10th St., 4635 E. 9th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no
In this community 10 yrs.
years, months or days (Specify whether)

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. 4618 E 10
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Arthur David Chamness
3. (b) If veteran, name war WW 1
3. (c) Social Security No. 490-09-3069

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 10 day 15 year 1946 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.

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 5/30/1890
(Month) (Day) (Year)

Immediate cause of death Deputy Coroner
Coronary Arterio sclerosis
Due to _____
Due to _____
Other conditions 93rd
(Include pregnancy within 3 months of death)

8. AGE: Years 56 Months 4 Days 15 If less than one day _____ hr. _____ min.

PHYSICIAN
Major findings:
Of operations _____
Of autopsy See Above
Underline the cause to which death should be charged statistically.

9. Birthplace Lawrence, Kans. (City, town, or county) (State or foreign country)
10. Usual occupation Machinist
11. Industry or business Sheffield Steel Corp.
12. Name Oscar Chamness
13. Birthplace Unk (City, town, or county) (State or foreign country)
14. Maiden name Lora Evans
15. Birthplace Unk (City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mrs. Dorothy Sweeny
(b) Address 4618 E 10th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/17/46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Ce
18. (a) Signature of funeral director John P. Sheil
(b) Address K. C. Mo.
19. (a) 10-17-46 (Date received local registrar) (b) Esteladine Holmes (Registrar's signature)

While at work? _____ (Specify type of injury)
23. Signature A. E. Upsher (M. D. or other) MD
Address 2800 Main Date signed 10/15/46

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

32315

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..... *John P. Shind*
Licensed Embalmer No. *3625*
P. O. Address... *16 Med*

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.