

FILED JAN 7 1947
Registration District No. 799

State File No. _____
Registrar's No. 5380

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:
622 Benton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 years 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. 622 Benton
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Henry Chase.
(b) If veteran, name war no
(c) Social Security No. no record
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 23 1856
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 22nd
year 1946 hour 9⁰⁰ minute 00 A. M.
21. I hereby certify that I attended the deceased from Oct. 10
1946 to Dec. 22 1946
that I last saw him alive on Dec. 21 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral thrombosis, cause coded.
Duration _____

8. AGE: Years Months Days If less than one day
90 0 29 hr. min.

Due to apoplexy, stroke sec.
Due to _____

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

Other conditions Hypertensive Valvular Heart Disease
(Include pregnancy within 3 months of death)

10. Usual occupation Farmer

Major findings: None
Of operations _____

11. Industry or business _____

Of autopsy _____

12. Name Thos. Chase

Physician 92 D
Underline the cause to which death should be charged statistically.

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Ogle

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Jula Chase

(b) Address 364 Broadway KCMO

17. (a) Removal (b) Date thereof 12-25-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hutchinson Kansas

18. (a) Signature of funeral director H. J. Julien

(b) Address Olathe Kansas

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Paul J. Simpson M.D. (M. D. or other) _____

Address 1020 North 8th St. KCMO Date signed 12/22/46

APR 10 1941

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 Robert C. Herrmann

Licensed Embalmer No. 3700

P. O. Address. Olathe, Kans

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.