

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **355**

FILED FEB 5 1947
Registration District No. 149

Primary Registration District No. 100E

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kennett Mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Enroute to General Hospital Ambulance
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Jackson
 (c) City or town Kennett City MO
(If outside city or town limits, write "RURAL")
 (d) Street No. 613 Main St
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Walter L. Chilcutt
3. (b) If veteran, name war World War No 1
3. (c) Social Security 702-05-0995

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jun day 23
 year 1947 hour 4 minute 50 P. M.

4. Sex Male **5. Color or** White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Beat Chilcutt
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Sept 24 1889
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from flowing, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years 57 58 Days 3 29 MO
(Less than one day hr. min.)

Immediate cause of death Coronary Insufficiency
 Due to arterio sclerosis
 Due to _____

9. Birthplace: _____
(City, town or county) (State or foreign country)
10. Usual occupation Rail Road Retiree

Other conditions _____
(Include pregnancy within 3 months of death)

11. Industry or business _____
12. Name Marvella Chilcutt
13. Birthplace MO
(City, town, or county) (State or foreign country)
14. Maiden name Do not know
15. Birthplace MO
(City, town, or county) (State or foreign country)

Major findings: ASC
 Of operations _____
 Of autopsy no
History & Inspection

16. (a) Informant Anderson Chilcutt
(b) Address St Louis MO
17. (a) (Burial, cremation, or removal) Burial **(b) Date thereof** Jan 27-47
(Month) (Day) (Year)
(c) Place: burial or cremation St Louis MO

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?

18. (a) Signature of funeral director Parsons Bros
(b) Address St Louis MO
19. (a) (Date received local registrar) 1-25-47 **(b) (Registrar's signature)** Geraldine Holmes

While at work? _____
(Specify type of place)
23. Signature Walter L. Chilcutt (M. D. or other)
Address 1924 1/2 W. 11th St **Date signed** 1-25-47

FEB 8 1947

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.....

Francis Walter

Licensed Embalmer No.....

2744

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.