

No. 2
-12-45
-5-17-39
I X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9641**

Registration District No. **2001** Primary Registration District No. **2001** Registrar's No. **49**

FILED MAR 28 1947
1. PLACE OF DEATH:
(a) County **Jasper**
(b) City or town **Joplin**
(c) Name of hospital or institution: **St. Johns Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 days**
(Specify whether years, months or days)
In this community **lifelong**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jasper**
(c) City or town **North City**
(If outside city or town limits, write "RURAL")
(d) Street No. **2015**
(If rural, give location)
(e) Citizen of foreign country? **No**
If yes, name country _____

3. (a) PRINT FULL NAME **Charles Blais Chenoweth**
(b) If veteran, **Spain - America** (c) Social Security name war _____ No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb** day **16** year **1947** hour **12:40** minute **00** M.
21. I hereby certify that I attended the deceased from **Feb 5** 19 **47** to **Feb 16** 19 **47**
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 **White**
6. (a) Single, widowed, married, divorced **Married**
(b) Name of husband or wife **Paul Chenoweth** (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **July 20 1868**
(Month) (Day) (Year)

Immediate cause of death **1st stage pneumonia** Duration **24 hrs**
Due to **Chr. cond nephritis** ?
Due to _____
Other conditions (Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy **3/13**

8. AGE: Years Months Days If less than one day
78 **6** **27** hr. min.

9. Birthplace **Pineville** (City, town, or county) **Miss.** (State or foreign country)
10. Usual occupation **Druggist**

11. Industry or business _____
12. Name **Albert H. Chenoweth**
13. Birthplace **Ohio** (City, town, or county) (State or foreign country)
14. Maiden name **Mrs. L. Larson**
15. Birthplace **Illinois** (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **Paul Chenoweth**
(b) Address **2015 North St. City**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Feb 18 1947**
(Month) (Day) (Year)
(c) Place: burial or cremation **Mount Hope Cem**
18. (a) Signature of funeral director **Walt City United Co**
(b) Address **Walt City E. 2000**
19. (a) **2-20-47** (Date received local registrar) (b) **E. D. Jones** (Registrar's signature)

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?
While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature **J. Chenoweth** (M. D. or other) **0**
Address **Joplin Mo** Date signed **2/20/47**

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

MOTHER FATHER

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47-3-198

APR 2 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 Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, 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.