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 MAY 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18327

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 173

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 519 W. Morgan 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community about 30 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pettis 80
(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")
(d) Street No. 519 W. Morgan 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 10
If yes, name country

3. (a) PRINT FULL NAME HARVEY CHISM

3. (b) If veteran, name war ..... 3. (c) Social Security No. 702-16-3195

4. Sex M2 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Addie Chism 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased 4 (Month) 10 (Day) 1892 (Year)

8. AGE: Years 55 Months 0 Days 22 If less than one day ..... hr. ..... min.

9. Birthplace Versailles Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Boiler Maker helper

11. Industry or business Mo. Pacific R.R.

FATHER
12. Name John Chism
13. Birthplace Unknown States 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Addie Chism 1
(b) Address 519 W Morgan Sedalia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-5-47 (Month) (Day) (Year)
(c) Place: burial or cremation Sedalia Mo

18. (a) Signature of funeral director F. D. Ferguson
(b) Address Sedalia Mo

19. (a) 5-5-47 (Date received local registrar) (b) Betty Yeager (Registrar's signature) 251

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2 year 1947 hour ..... minute 6 P M.

21. I hereby certify that I attended the deceased from ..... 1946, to May 2, 1947 that I last saw him alive on May 2, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis Chronic	
Due to Pernicious Anaemia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 93 P

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? 0
(Specify type of place)
While at work? (e) Means of injury

23. Signature W A Bickerman (M. D. or other) MD
Address Sedalia Mo Date signed 5/5/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
Index File Number
Date Filed 5-16-47

MAY 27 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 T. D. Ferguson

Licensed Embalmer No. 2172

P. O. Address Sedalia

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.