

Registration District No. **187**

Primary Registration District No. **3040**

Registrar's No. **85**

1. PLACE OF DEATH:

(a) County **Livingston**
(b) City or town **Chillicothe**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
325 Wilson Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **9 years**
years, months or days)

3. (a) PRINT FULL NAME **Fred J. Chidester**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widowed**

6. (b) Name of husband or wife **Effie E. Chidester** 6. (c) Age of husband or wife if alive **(D)** years

7. Birth date of deceased **July 25 1870**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	10	3	hr. _____ min.

9. Birthplace **Linneus Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business _____

MOTHER, FATHER {

12. Name **Amos Franklin Chidester**

13. Birthplace **Mechanicsburg Ohio**
(City, town, or county) (State or foreign country)

14. Maiden name **Rhoda McClymons**

15. Birthplace **Mechanicsburg Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Edna Chidester**
(b) Address **325 Wilson-Chillicothe, Mo.**

17. (a) **Burial** (b) Date thereof **6-24-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **I.O.O.F. Cemetery**

18. (a) Signature of funeral director **Norman Funeral Home**
(b) Address **Chillicothe, Missouri**

19. (a) **June-23-47** (b) **Frances B. Neida**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Livingston**
(c) City or town **Chillicothe**
(If outside city or town limits, write "RURAL")
(d) Street No. **325 Wilson Street**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **22nd**
year **1947** hour **6** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Oct. 11**
1946, to **June 22 1947**
that I last saw him alive on **June 22 1947**
and that death occurred on the date and days stated above.

Immediate cause of death **decompression**

Due to **mitral stenosis**

Due to _____

Other conditions (include pregnancy within 3 months of death) **92B**

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature **[Signature]** (M. D. or other) _____

Address **Chillicothe** Date signed **June 23/47**

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

29
2

59
2
0

Duration
2 1/2 hrs
15 1/2 hrs

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

JUL 22 1947

DISTRICT HEALTH OFFICE
Camden, Mo.

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 Elton J. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.