No. 2
—1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 14 1947

Registration District No. 347

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 36602

Registrar's No. 2298

1. PLACE OF DEATH:
(a) County: St. Louis County.
(b) City or town: Jennings, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Elms Nursing Home. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 years. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri. (b) County: St. Louis. 96
(c) City or town: Jennings. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: SARAH JANE CHINN.
3. (b) If veteran, name war: None.
3. (c) Social Security No.: None.
4. Sex: Female.
5. Color or race: White.
6. (a) Single, widowed, married, divorced: Widowed.
6. (b) Name of husband or wife: Perry G. Chinn.
6. (c) Age of husband or wife if alive: Dec'd years
7. Birth date of deceased: January (Month) 7. (Day) 1879. (Year)

8. AGE: Years 68. Months 10. Days 0. If less than one day: hr. min.

9. Birthplace: Macon County. (City, town, or county) Missouri. (State or foreign country) 0
10. Usual occupation: At Home.
11. Industry or business:
FATHER
12. Name: Eben E. Reynolds.
13. Birthplace: Missouri. (City, town, or county) (State or foreign country) 0
MOTHER
14. Maiden name: Mary Jane Shoush.
15. Birthplace: Kentucky. (City, town, or county) (State or foreign country) 1
16. (a) Informant: Mrs Michael S. Walsh.
(b) Address: 8136 Stratford Ave.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 11/9/47. (Month) (Day) (Year)
(c) Place: burial or cremation: Macon, Missouri.
18. (a) Signature of funeral director: C. R. Lupton & Sons.
(b) Address: #7233 Delmar Blv'd.
19. (a) 11-9-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7th, year 1947. hour 9 minute 30 A.M.
21. I hereby certify that I attended the deceased from 8-30 1947, to 11-7 1947, that I last saw h. alive on 11-6 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	1 yr. 9
Due to: 93	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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? (Specify type of place) 0
While at work? (e) Means of injury
23. Signature: Eugene L. Arnold (M. D. or other) M.D.
Address: 1449 McLaran Date signed 11/7/47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

NOV 18 1947

1449 McLaren
Nur 6262
after 1 P.m. 3
Rumwin
Book 7 Col
West 8. 11

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 Raymond L. Morris

Licensed Embalmer No. 4330

P. O. Address Maplewood, M

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.