

FILED NOV 24 1947  
Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Devine Clinic, 918 Oak St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week  
(Specify whether years, months or days)

In this community 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 1233 Bales Street.  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country no

3. (a) PRINT FULL NAME William J. CHALMERS

3. (b) If veteran, name war NO

3. (c) Social Security No. none

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Helena Chalmers

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased January 29, 1866  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>9</u>	<u>15</u>	hr. _____ min.

9. Birthplace Boone, Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Watchmaker

11. Industry or business Self

12. Name George Chalmers

13. Birthplace Des Moines, Iowa  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Gordon

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ray Bash

(b) Address 1233 Bales Ave., K.C., Mo

17. (a) Burial (b) Date thereof 11-17-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Melody-McGilley-Eyler

(b) Address Kansas City, Missouri

19. (a) 11-14-47 (b) Stearldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14  
year 1947 hour 3 minute 22 A. M.

21. I hereby certify that I attended the deceased from 11  
7, 1947, to 11-14, 1947.

that I last saw him alive on 11-14, 1947.

and that death occurred on the date and hour stated above.

Immediate cause of death acute circulatory collapse

Due to Pyelothrombosis and Acetates

Due to Chronic Portal Cirrhosis

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations 1248

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 2

23. Signature J. H. ...  
Address ... Date signed \_\_\_\_\_

Duration 1 day

4 days

1 year

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Dr. [unclear] or [unclear]  
918 East St.

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**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 *Blaw G. Beck*  
Licensed Embalmer No. 4063  
P. O. Address Kansas 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.**