. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 24 1947

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 38061

Registrar's No. 4612

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: 5817 Peery (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 27 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No. 5817 Peery (If rural, give location) 8

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

If yes, name country 0

3. (a) PRINT FULL NAME ALBERT NEWTON CHITTENDEN

3. (b) If veteran, name war no -

3. (c) Social Security No. 495-10-8699

4. Sex 0 male

5. Color or race white

6. (a) Single, widowed, married, divorced 0 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased August (Month) 23 (Day) 1915 (Year)

8. AGE: Years 32 Months 2 Days ~~11~~ 10 If less than one day hr. min.

9. Birthplace Lubec (City, town, or county) Maine (State or foreign country)

10. Usual occupation Lab. Tech.

11. Industry or business United Film

FATHER
12. Name Robert L Chittenden
13. Birthplace Boulder (City, town, or county) Colo. (State or foreign country)

MOTHER
14. Maiden name Rena D Mason
15. Birthplace Annesquam (City, town, or county) Mass (State or foreign country)

16. (a) Informant Robert L Chittenden

(b) Address 5817 Peery

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-5-1947 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director C.H.Blackman & Son, Inc.

(b) Address 2825 Independence Blvd.

19. (a) 11-4-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3 year 1947 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from Apr 1925 to Nov 3 1947; that I last saw him alive on Nov 2 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	2 days
Due to Septic Nephritis	10 days
Due to Extrophy of the Bladder	32 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy 1550

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)

While at work? (e) Means of injury 0

23. Signature J. E. Sheldon (M. D. ~~or other~~)

Address 822 Wolcott Date signed 11-3-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side) KC Mo.

Dr. Shelton
Vineyard Park Hosp.

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 O K McFarland

Licensed Embalmer No. 4392.

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.