

No. 2
5-43
5-17-39
X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32026**
Registrar's No. **1124**

FILED NOV 1 1948
Registration District No. **42**

Primary Registration District No. **1000**

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
2109 Dewey, Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
Most of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 2109 Dewey, Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME John F. Chiaborel

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. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased June 18, 1871
(Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 1
If less than one day hr. min.

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Tavern Owner

12. Name Phillip Chiaborel

13. Birthplace unk France
(City, town, or county) (State or foreign country)

14. Maiden name Ester Harrington

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

16. (a) Informant Mrs. Anna Chiaborel

(b) Address 2109 Dewey St. Joseph, Mo.

17. (a) Burial (b) Date thereof 10-22-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Olivet Cemetery

18. (a) Signature of funeral director Stamery General Home
(b) Address St. Joseph, Mo.

19. (a) 10-26-48 (b) E. C. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19
year 1948 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from 10-13 to 10-19, 1948
that I last saw him alive on 10-16, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis & uremia

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: 1310
Of operations.....
Of autopsy.....

Duration.....

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?

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

23. Signature Robert W. Kiebe (M. D. or other).....
Address P.S. Bldg - St. Joseph Mo Date signed 10-20-48

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.....

Charles E. Bennett....., Registered Apprentice No. *284*
working under my personal supervision.

Signed *Charles M. Harman*.....

Licensed Embalmer No. *4487*.....

P. O. Address *St. Joseph*.....

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.