

FILED APR 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 12330
1372

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Jackson				a. STATE Missouri		b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township OR TOWN Kansas City About 5 yrs.)				c. CITY (If outside corporate limits, write RURAL and give township OR TOWN Kansas City			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2027 Belleview				d. STREET ADDRESS (If rural, give location) 2027 Belleview			
3. NAME OF DECEASED (Type or Print)		a. (First) Eliza		b. (Middle) Chinney		c. (Last) Chinney	
4. DATE OF DEATH		(Month) Mar.		(Day) 20,		(Year) 1949	
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		8. DATE OF BIRTH	
9. AGE (In years last birthday) About 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Pickens, Miss.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Moses Williams		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Earnest Chinney			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Earnest Chinney, Jr. 1310 E. 23rd. St			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Valvular Heart Disease (b) Pulmonary Edema (c) La Grippe II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3/15/49 to March 20, 1949, that I last saw the deceased alive on March 20, 1949 and that death occurred at 1:00 p.m., from the causes and on the date stated above.							
23a. SIGNATURE L. V. Miller MD (Degree or title)				23b. ADDRESS 1211 Paseo		23c. DATE SIGNED 3/26/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/28/49		24c. NAME OF CEMETERY OR CREMATORY Lincoln		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 3-26-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Address 1212 Union St.			

(Licensed Embalmer's Statement on Reverse Side)

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

4214

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed, _____

Esteban Bills

Signed.....
Student Embalmer

Licensed Embalmer No. *3178*

P. O. Address *1212 Vine - K.C., 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.