

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1189

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Buchanan b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Joseph	c. LENGTH OF STAY (in this place) 5 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hosp.		d. STREET ADDRESS (If rural, give location) 6604 Grant St.	

3. NAME OF DECEASED (Type or Print)	a. (First) HAZEL	b. (Middle)	c. (Last) CHATHAM	4. DATE OF DEATH (Month) (Day) (Year) 10-30 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11-16-1924	9. AGE (In years last birthday) 24	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Rushville, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Silas F. Conard	13b. MOTHER'S MAIDEN NAME Dora Thomason	14. NAME OF HUSBAND OR WIFE Howard Chatham
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Howard Chatham, 6604 Grant St.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rupture of Esophageal Veins		INTERVAL BETWEEN ONSET AND DEATH 15 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Secondary to Banti's Disease		
	II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 19 46 to Oct 30, 19 49, that I last saw the deceased alive on Oct 28, 19 49, and that death occurred at 2:00A m., from the causes and on the date stated above.

23a. SIGNATURE Robert M. Howard M.D.	(Degree or Title)	23b. ADDRESS St. Joseph, Mo.	23c. DATE SIGNED Oct 31 '49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-1-1949	24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
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DATE REC'D BY LOCAL REG Nov. 2, 1949	REGISTRAR'S SIGNATURE E. C. Jenkins	382	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John C. Kuepp, St. Joseph, Mo
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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

Albin E. Bagan

Student Embalmer No. *342*

working under my personal supervision.

Student *Albin E. Bagan*
Student Embalmer

Signed *John E. Rupp*

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph, 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.