

FILED FEB 4 1950

STANDARD CERTIFICATE OF DEATH

State File No. _____

1072

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 168

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> - b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY 228</u>	
c. LENGTH OF STAY (in this place) <u>3 Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>118 E. 23rd St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gen. Hosp. No. 2</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Hershel</u> b. (Middle) <u>Edward</u> c. (Last) <u>Chism</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 9, 1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>SEPT. 8, 1949</u>		9. AGE (in years last birthday) <u>4 Mo.</u>		10. IF UNDER 1 YEAR Months <u>4</u> Days <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Syracuse, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>LEROY DAVID CHISM</u>		13b. MOTHER'S MAIDEN NAME <u>Clady Elizabeth Miller</u>	
14. NAME OF HUSBAND OR WIFE <u>INFANT.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>LEROY DAVID CHISM</u>		17. ADDRESS <u>118 E. 23rd St.</u>			

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxia</u>		DUPLICATE					
ANTECEDENT CAUSES		DUPLICATE					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUPLICATE					
DUE TO (b) <u>Hemiplegia</u>		DUPLICATE					
DUE TO (c) <u>Cause unknown</u>		DUPLICATE					
II. OTHER SIGNIFICANT CONDITIONS		DUPLICATE					
Conditions contributing to the death but not related to the disease or condition causing death.		DUPLICATE					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Thos. S. Jones</u> (Degree of title)		23b. ADDRESS <u>1617 E. 17th St.</u>		23c. DATE SIGNED <u>1/12/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVED</u>		24b. DATE <u>JAN. 13 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Syracuse Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Syracuse, Mo.</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Geraldine Holmes</u>		24f. ADDRESS <u>1513 Troost</u>	

DATE REC'D BY LOCAL REG. <u>1-13-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geraldine Holmes</u>		ADDRESS <u>1513 Troost</u>	
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed *John Davis* _____

Signed _____
Student Embalmer

Licensed Embalmer No. 4417

P. O. Address N. 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.