

FILED APR 16

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14094**  
**1761**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	c. LENGTH OF STAY (In this place) <b>66yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	<b>3908</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1121 East 78th Street</b>		d. STREET ADDRESS (If rural, give location) <b>90 1121 East 78th Street</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b> b. (Middle) <b>Vernon</b> c. (Last) <b>Cheney</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 29 1953</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 23 1885</b>	9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Construction</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. George Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Hiram Cheney Cheney</b>		13b. MOTHER'S MAIDEN NAME <b>Carrie Allene Armstrong</b>		14. NAME OF HUSBAND OR WIFE <b>Laura Cheney Cheney</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>493-12-4112</b>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Mrs. Laura Cheney 1121 East 78th Street</b>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>(a) Tumor (possibly malignant) near the esophagus and large vessels of the heart.</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <b>Very anemic, loss of lot of weight.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>  <b>150X.</b>
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)		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 **Feb. 17, 1953**, to **Mar. 29, 1953**, that I last saw the deceased alive on **March 21, 1953**, and that death occurred at **1:20A. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>James W. Graham MD</b> (Degree or title)		23b. ADDRESS <b>518 Argyle Bldg. K. C. Mo.</b>	23c. DATE SIGNED <b>3/31/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>CREMATION</b>	24b. DATE <b>MAR 31 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>DW NEWCOMER'S SONS</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>3-31-53</b>	REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>DW Newcomer Sons Kansas City Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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.

Student .....

Student Embalmer

Signed

*Elmer Newman*

Licensed Embalmer No. *2640*

P. O. Address *Kansas City, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No. 14098

State of Missouri }  
 County of Jackson } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 1761

On this 15th day of February, 1954, before me appears Mrs. Laura

Cheney, who, upon her oath, states that the original record of <sup>birth</sup> death  
 for George Vernon Cheney ~~born~~ <sup>died</sup> March 29, 1953, 19    , in the State of

Missouri, and which was filed at Kansas City on 3-31-53, 19    , should be corrected as follows:

Item No. 3 should read George Vernon CHENNEY

Instead of George Vernon CHENNEY

Item No. 13a should read Hiram Cheney

Instead of Hiram Cheney

Item No. 14 should read Laura Cheney

Instead of Laura Cheney

Item No. 17 should read Mrs. Laura Cheney

Instead of Mrs. Laura Cheney

Item No.      should read     

Instead of     

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant Laura Cheney wife  
 Relationship.

X 1121 E 78th, Kansas City Mo.  
 Present Address.

Subscribed and sworn to before me this 15th day of Feb., 1954

My Commission expires August 24, 1956 Bessie W. Smith Notary Public.

