

Registration District No. 494

Primary Registration District No. 3025

Registrar's No. 7

**FILED**  
**FEB 6**

1. PLACE OF DEATH: Linn 1940  
(a) County Brookfield  
(b) City or town Brookfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Mc Kerney Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days) 1 1/2

3. (a) PRINT FULL NAME: BERNIE LYNN CHAPPELL JR

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Jan 9 1940  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 17 hr. \_\_\_\_\_ min.

9. Birthplace Brookfield Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Bernie Chappell  
13. Birthplace Greencastle Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Rachel Hill  
15. Birthplace Oak Grove Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Bernie & Chappell  
(b) Address Brookfield

17. (a) Removal (b) Date thereof Jan 11-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Methodist Cemetery Mo

18. (a) Signature of funeral director Hill Funeral Chapel  
(b) Address Brookfield Mo 440

19. (a) Jan 10 1940 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 10  
year 1940 hour 2 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Jan 9th  
\_\_\_\_\_, 1940, to Jan 10, 1940  
that I last saw him alive on Jan 10, 1940  
and that death occurred on the date and hour stated above.  
Immediate cause of death cerebral hemorrhage Duration \_\_\_\_\_

Due to forceps delivery  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death) 16 1/2'

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 3  
23. Signature W.B. Simpson M. D. or other DO  
Address Brookfield Date signed 1/10/40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 11,

District File Number.....240-22

Date Filed.....FEB 3 1940

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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.....

..... Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.