

SEP 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **29331**

Registration District No. **668**

Primary Registration District No. **3832**

Registrar's No. **262**

1. PLACE OF DEATH:

(a) County **Pettis**
(b) City or town **Sedalia**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **104 E. 24th**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

8. (a) PRINT FULL NAME **Alfred Pierce Chappell 140**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Annie Chappell** 6. (c) Age of husband or wife if alive **76** years

7. Birth date of deceased **March 12, 1853**
(Month) (Day) (Year)

8. AGE: Years **87** Months **5** Days **3** If less than one day _____ hr. _____ min.

9. Birthplace **Pennsylvania**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Agricultural**

MOTHER FATHER { 12. Name **Edward Chappell**
13. Birthplace **England** 4
(City, town, or county) (State or foreign country)
14. Maiden name **Eliza Pierce**
15. Birthplace **England** 4
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Annie Chappell**

(b) Address **Sedalia, Missouri**

17. (a) **COS REMOVAL** (b) Date thereof **8/17/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Corning, Iowa**

18. (a) Signature of funeral director **Gillespie Funeral Home**

(b) Address **Sedalia, Missouri**

19. (a) **8/17/40** (b) **Mr. Harry Sneed**
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**
(c) City or town **Sedalia**
(If outside city or town limits, write "RURAL")
(d) Street No. **104 E. 24th**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **15**
year **1940** hour **10** minute **00** p. M.

21. I hereby certify that I attended the deceased from **August 13, 1940** to **August 13, 1940**
that I last saw him alive on **August 13, 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac decompensation with pulmonary edema**
Due to **chronic myocarditis**
Other conditions (Include pregnancy within 3 months of death) **93C**

Major findings: Of operations _____
Of autopsy _____
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? **9060**

23. Signature **Dr. Harry Sneed** M. D. or other _____
Address **Sedalia, Mo** Date signed **8-12-40**

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

9-11-40

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

L. E. Benfield

Licensed Embalmer No.

3867

P. O. Address

Sealvia 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, above space should be left blank.