

Registration District 101 SEP 8 1940 Primary Registration District No. 3034

1. PLACE OF DEATH:

(a) County Madison  
(b) City or town Moberly  
(c) Name of hospital or institution: Roseland Hospital  
(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) 10 1/2

3. (a) PRINT FULL NAME BILLY LYLE CHAPMAN

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 March 14, 1933  
(Month) (Day) (Year)

8. AGE: Years 7 Months 5 Days 5 If less than one day hr. \_\_\_\_\_ min \_\_\_\_\_

9. Birthplace Moberly, Mo. Mo. 0  
(City, town, or county) (State or foreign country)

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

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

MOTHER FATHER  
12. Name Roger Lee Chapman  
13. Birthplace Paris, Mo. Mo. 0  
(City, town, or county) (State or foreign country)  
14. Maiden name Archie Corley  
15. Birthplace Paris, Mo. Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Roger L. Chapman  
(b) Address Holliday Mo. R.F.D. #3

17. (a) buried (b) Date thereof Aug 20 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holliday

18. (a) Signature of funeral director Spencer Blahay  
(b) Address Paris, Mo.

19. (a) Aug 20-40 (b) Earl Wallace  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Monroe  
(c) City or town Rural-Holliday, R.F.D. #3  
(If outside city or town limits, write "RURAL")  
(d) Street No. Holliday R.F.D. #3  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18<sup>th</sup>  
year 1940 hour 8:15 AM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Aug 13, 1940, to Aug 18, 1940,  
that I last saw him alive on Aug 18, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute suppurative appendicitis with general peritonitis  
Duration Aug 8 1940

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions 12/1  
(Include pregnancy within 3 months of death)

Major findings: See & see above  
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? 925  
(Specify type of place) (a) Means of injury \_\_\_\_\_  
While at work? \_\_\_\_\_

23. Signature R.D. Streeter (M. D. or other) M.D.  
Address Moberly, Mo. Date signed Aug 20/40

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. 10

District File Number 9-40-1814

Date Filed SEP 18 1940

---

---

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 E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address Pais, 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.**