No. 2
1-13-40
-17-39
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FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1739

Registration District No. 73 Primary Registration District No. 3006 Registrar's No. 12

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County: Boone
(b) City or town: Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 109 Jewell St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution x (Specify whether years, months or days) In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Boone
(c) City or town: Columbia
(If outside city or town limits, write "RURAL")
(d) Street No.: 109 Jewell St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Life years.

3. (a) PRINT FULL NAME: ELLA PRUDENCE CHAPPELL
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Robert E Chappell
6. (c) Age of husband or wife if alive: x years
7. Birth date of deceased: Sept 27 (Month) 1855 (Day) (Year)
8. AGE: Years 85 Months 3 Days 20 If less than one day hr. min.
9. Birthplace: Boone Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation: House wife
11. Industry or business:
FATHER 12. Name: John Reed
13. Birthplace: DK (City, town, or county) Ky (State or foreign country)
MOTHER 14. Maiden name: Prudence Waaler
15. Birthplace: DK (City, town, or county) Ky (State or foreign country)
16. (a) Informant: Mrs. Turner Robinson
(b) Address: 203 S. 6th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 19 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Zion Cem
18. (a) Signature of funeral director: R Overfelt
(b) Address: Columbia Mo
19. (a) 1/18/41 (Date received local registrar) (b) Allie Selby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jany day 17th year 1941 hour 1:40 minute P. M.
21. I hereby certify that I attended the deceased from Dec 31, 1940, to Jan 17, 1941; that I last saw her alive on Jan 17, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic Pneumonia	
Due to: Aortic Insufficiency	
Due to: AFV	
Other conditions: Chronic Bronchitis (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: None

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? (Specify type of place)
(e) Means of injury:
While at work?
23. Signature: F. C. Suggett (M. D.)
Address: Columbia Date signed 1-18-41

(Licensed Embalmer's Statement on Reverse Side)

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. 3183

P. O. Address.....

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

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