

Registration District No. 744

Primary Registration District No. 5976B

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Richmond Mo. Richmond.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community all life  
years, months or days

3. (a) PRINT FULL NAME Russel Clay Chappel

3. (b) If veteran, \*\*\*\*\* No. \_\_\_\_\_

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 Fannie Maxine Chappel 6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased May. 22. 1919  
(Month) (Day) (Year)

8. AGE: Years 21 Months 10 Days 15 If less than one day  
hr. min.

9. Birthplace Knifley Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

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

MOTHER FATHER { 12. Name S. L. Chappel

13. Birthplace Graybeal North Carolina  
(City, town, or county) (State or foreign country)

14. Maiden name Ada White

15. Birthplace Knifley Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant S. L. Chappel

(b) Address Richmond Mo. R.F.D.#2.

17. (a) Burial (b) Date thereof April. 12. 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond MO.

18. (a) Signature of funeral director J. H. ...

(b) Address Richmond Mo.

19. (a) April 12 - 41 (b) Malcolm ...  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89

(c) City or town Richmond Mo. R.F.D.#2  
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10  
year 1941 hour 2 minute 15 P. M.

21. I hereby certify that I attended the deceased from 1940  
to 1941 that I last saw him alive on April 10 - 41  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary T.B.  
Duration

Due to 11

Due to 11

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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? 9:05 (Specify time of place) \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Signature S. L. Chappel (M. D. or other) \_\_\_\_\_  
Address Richmond Mo. Date signed 4-11-41

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

RECEIVED  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 5-13-41

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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 *E. J. Harrison*  
Licensed Embalmer No. 2073  
P. O. Address Richmond 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, fact should be so stated above.