

No. 2
1-4-41
17-35
-23530

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS
DEC 23 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38083

State File No. _____

Registration District No. 184

Primary Registration District No. 5255

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Christian
(b) City or town Finley township, rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 55 yrs. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Nixa, R #1
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sherman Franklin Chapman

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Jane Chapman 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April, 15, 1865
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 12 If less than one day
hr. _____ min. _____

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

10. Usual occupation farming

11. Industry or business _____

12. Name John Chapman

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name Miranda Boyd

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

16. (a) Informant Mrs. Mary Horn

(b) Address Nixa, Mo.

17. (a) burial (b) Date thereof Nov. 30, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richwood cem

18. (a) Signature of funeral director J.W. Maple

(b) Address Cleaver, Mo.

19. (a) Dec-1-1941 (b) Luella Leonard
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27
year 1941 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from Nov. 8
1941, 1941 to Nov. 27, 1941
that I last saw him alive on November 27, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature Richard E. Wichester M.D. or other DO.

Address Ozark, Missouri Date signed 12-2-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 1241-1897

Date Filed DEC 17 1941

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

J. W. Maples

Licensed Embalmer No. 2985

P. O. Address

Clever - 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.

Registration District No. 184

Primary Registration District No. 3-253

Registrar's No. _____

1. PLACE OF DEATH

(a) County Christian

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

(c) Name of hospital or institution: _____
(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

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) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Hermon J. Chapman

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____
that I have examined the body on _____ 19____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Apr. 15, 1865
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days _____ If less than one day _____ min.

9. Birthplace: _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

108

Duration _____

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 _____

23. Signature W. M. McPherson (M. D. or other) _____

Address Osage _____ Date signed _____

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

SUPPLEMENTARY

