

FILED JAN 20 1942

Registration District No. 133138

Primary Registration District No. 51944078

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Norborne, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
110 West 4th Street, Norborne
(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) Seventy Years.

3. (a) PRINT FULL NAME William Henry Chapman

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs Myrtle Chapman 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Feb. 28 1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 12 If less than one day hr. _____ min. _____

9. Birthplace Saint Charles, Mo. State 11
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business _____

MOTHER FATHER { 12. Name John Phillips Chapman Foreign
13. Birthplace England Foreign
(City, town, or county) (State or foreign country)
14. Maiden name Cathrine. Chapman
15. Birthplace England Foreign
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Myrtle Chapman

(b) Address 110 W 4th St Norborne Mo

17. (a) Burial (b) Date thereof 12, 14, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairhaven Norborne

18. (a) Signature of funeral director John B Dutch

(b) Address Norborne Mo

19. (a) 12-14-41 (b) Mrs James R. Rafferty
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll
(c) City or town Norborne Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 110-4-4th St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 12
year 1941 hour 5 minute 0 M.

21. I hereby certify that I attended the deceased from 12-1-
1941, to 12-12, 1941
that I last saw him alive on 12-12-, 1941:
and that death occurred on the date and hour stated above.

Immediate cause of death Gastric Hemorrhage Duration 1 1/2 days

Due to Carcinoma Stomach

Due to ✓

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

Major findings: Of operations H&E

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? _____ (Specify type of place)
(e) Means of injury ✓

23. Signature Bl. Cole (M. D. or other) ✓
Address Norborne Mo Date signed 12-13-41

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

1053

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 1-16-42

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 me

Registered Apprentice No.

working under my personal supervision.

Signed John G. Deitch

Licensed Embalmer No. 3654

P. O. Address Norborne 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.